

following address: Emmeline Ochiai, HHS, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Room LL-100, 1101 Wootton Parkway, Rockville, MD 20852, (240) 453-8259 (telephone), (240) 453-8281 (fax).

FOR FURTHER INFORMATION CONTACT:

Emmeline Ochiai, Designated Federal Official, Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020, HHS, Office of Disease Prevention and Health Promotion, Office of Public Health and Science, Room LL-100, 1101 Wootton Parkway, Rockville, MD 20852, 240/453-8259 (telephone), 240/453-8281 (fax). Additional information is available on the Internet at <http://www.healthypeople.gov>.

SUPPLEMENTARY INFORMATION: Each decade since 1979, the U.S. Department of Health and Human Services (HHS) has published a comprehensive set of national public health objectives. Known as *Healthy People*, this initiative has been grounded in the notion that setting objectives and monitoring progress can motivate action. As it prepares to produce objectives for the next decade, HHS seeks to ensure that they are scientifically valid, relevant, and sustainable. The objectives should be produced through a process that fosters the cooperation and commitment of both the public and private sectors.

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 is established to provide advice and assistance to the Secretary and HHS in the development of health promotion and disease prevention objectives to improve the health of Americans by 2020. The Committee shall advise the Secretary regarding national health promotion and disease prevention initiatives, in particular the work to develop goals and objectives to improve the health status and reduce health risks for Americans. The Committee shall be charged to: Provide to the Secretary advice and consultation to facilitate the process of developing and implementing national health promotion and disease prevention goals and objectives; and provide advice to the Secretary about the initiatives to occur during the initial implementation phase of the goals and objectives.

The Committee will convene to meet, at a minimum, one time per year. It is expected to begin meeting by December 2007. Pursuant to the requirements of the Federal Advisory Committee Act, the meetings will be open to the public except as determined otherwise by the

Secretary or designee, in keeping with the guidelines under Government in the Sunshine Act, 5 U.S.C. 552b(c).

Individuals selected for appointment to the Committee shall be appointed to serve for the duration of the Committee. Unless renewed, the Committee will terminate two years from the date the Committee charter is filed. Committee members will be paid travel and per diem expenses in accordance with standard travel regulations, but will not receive compensation for their service.

Prospective members of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 should be knowledgeable of current scientific research in health promotion, disease prevention, and public health benchmarking and be respected experts in their fields. They should be familiar with the purpose and use of Healthy People or similar indicator sets and have demonstrated interest in the public's health and well-being through their work, research, and/or educational endeavors. Expertise is sought in specific specialty areas related to health promotion or disease prevention, including but not limited to: Health policy, state and local public health, business, outcomes research, health economics, health communications, special populations, biostatistics, international health, and epidemiology from a variety of public, private, foundation, and academic settings.

Nominations: HHS will consider nominations for Committee membership of individuals qualified to carry out the above-mentioned tasks. The following information should be included in the package of material submitted for each individual being nominated for consideration: (1) A letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (i.e., specific attributes which qualify the nominee for service in this capacity), and a statement that the nominee is willing to serve as a member of the Committee; (2) the nominator's name, address, daytime telephone number, and electronic mail address, and the address, daytime telephone number, and electronic mail address of the individual being nominated; and (3) a current copy of the nominee's curriculum vitae. The names of Federal employees should not be nominated for consideration of appointment to this Committee.

Individuals can nominate themselves for consideration of appointment to the Committee. All nominations must include the required information. Incomplete nominations will not be processed for consideration.

Equal opportunity practices, in line with HHS policies, will be followed in all membership appointments to the Committee. To ensure that recommendations of the Committee take into account the needs of the diverse groups served by HHS, membership shall include, to the extent practicable, individuals with demonstrated ability to represent minorities, women, and persons with disabilities.

The Standards of Ethical Conduct for Employees of the Executive Branch are applicable to individuals who are appointed as members of Federal advisory committees. Individuals appointed to serve as members of Federal advisory committees are classified as special Government employees (SGEs). SGEs are Government employees for the purposes of the conflict of interest laws. Therefore, individuals appointed to serve as members of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 are subject to an ethics review. The ethics review is conducted to determine if the individual has any interest and/or activities in the private sector that may conflict with performance of their official duties as a member of the Committee. Individuals appointed to serve as members of the Committee will be required to disclose information regarding financial holdings, consultancies and research grants and/or contracts.

Dated: August 16, 2007.

Penelope Slade Royall,

Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion), Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology; American Health Information Community Meeting

ACTION: Announcement of meeting.

SUMMARY: This notice announces the 16th meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.) The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

DATES: September 18, 2007, from 8:30 a.m. to 2 p.m. (EDT).

ADDRESSES: Hubert H. Humphrey Building (200 Independence Avenue, SW., Washington, DC 20201), Conference Room 800.

FOR FURTHER INFORMATION: Visit <http://www.hhs.gov/healthit/ahic.html>.

SUPPLEMENTARY INFORMATION: The meeting will include a presentation by the Population Health/Clinical Care Connections Workgroup on Recommendations; an update on the Nationwide Health Information Network Trial Implementation; a presentation from the State Alliance/National Governors Association; and a report from the AHIC Standing Committee of the Whole on the AHIC Successor.

A Web cast of the Community meeting will be available on the NIH Web site at: <http://www.videocast.nih.gov/>.

If you have special needs for the meeting, please contact (202) 690-7151.

Dated: August 15, 2007.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect, (NTFFASFAE)

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) announce the following meeting for the aforementioned committee:

Times and Dates: 9 a.m.–5 p.m., September 12, 2007. 9 a.m.–12:30 p.m., September 13, 2007.

Place: CDC, 1600 Clifton Road, NE., Global Communications Center, Building 19, Room 232, Auditorium B, Atlanta, Georgia 30333.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 80 people.

Purpose: The Secretary is authorized by the Public Health Service Act, section 399G, (42 U.S.C. 280f, as added by Pub. L. 105-392) to establish a National Task Force on Fetal Alcohol Syndrome and Fetal Alcohol Effect to: (1) Foster coordination among all governmental agencies, academic bodies and community groups that conduct or support Fetal Alcohol Syndrome (FAS) and Fetal

Alcohol Effect (FAE) research, programs and surveillance; and (2) to otherwise meet the general needs of populations actually or potentially impacted by FAS and FAE.

Matters To Be Discussed: Agenda items include: Deliberations on two Task Force products: (1) Report on effective strategies to prevent alcohol-exposed pregnancies and (2) Research and Policy report on Fetal Alcohol Spectrum Disorders; discussions regarding the dissemination of Task Force products; updates from the Interagency Coordinating Committee on Fetal Alcohol Syndrome, the CDC and other Federal agencies, and liaison representatives; and discussion of possible collaborative activities after the Task Force sunsets in October 2007.

Agenda items are subject to change as priorities dictate.

Additional Information: In order to expedite the security clearance process at the CDC Roybal Campus located on Clifton Road, attendees are required to register online at <http://www.cdc.gov/ncbddd/fas/taskforce.htm>. Please complete all required fields before submitting your registration and submit no later than September 3, 2007.

Please Note: Non-U.S. citizens are required to complete the registration form online, as described above, and also to complete the "Access Request Form" no later than August 29, 2007. To receive an access request form, send an e-mail to Ms. Vowell at jvowell@cdc.gov.

For Further Information Contact: Mary Kate Weber, M.P.H., Designated Federal Official, National Center on Birth Defects and Developmental Disabilities, CDC, 1600 Clifton Road, NE., M/S E86, Atlanta, Georgia 30333, Telephone 404/498-3926, Fax 404/498-3550.

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 CDC and the Agency for Toxic Substance and Disease Registry.

Dated: August 14, 2007.

Elaine L. Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; Comment Request

Proposed Projects

Title: DHHS/ACF/ASPE/DOL Enhanced Services for the Hard-to-Employ Demonstration and Evaluation: Rhode Island 36-Month Data Collection.

OMB No.: New Collection.

Description: The Enhanced Services for the Hard-to-Employ Demonstration

and Evaluation Project (HtE) seeks to learn what services improve the employment prospects of low-income persons who face serious obstacles to steady work. The project is sponsored by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE), both within the U.S. Department of Health and Human Services (HHS), and the U.S. Department of Labor (DOL).

The HtE project is a multi-year, multi-site evaluation that employs and experimental longitudinal research design to test four strategies aimed at promoting employment among hard-to-employ populations. The four include: (1) Intensive care management and job services program for Rhode Island Medicaid recipients with serious depression; (2) job readiness training, worksite placements, job coaching, job development and other training opportunities for recent parolees in New York City; (3) pre-employment services and transitional employment for long-term participants receiving Temporary Assistance for Needy Families (TANF); and (4) two-generational Early Head Start (EHS) services providing enhanced self-sufficiency services for parents, parent skills training, and high-quality child care for children in low-income families in Kansas and Missouri.

The purpose of this document is to request public comment on the proposed 36-month participant survey in Rhode Island for participating parents and their children.

The follow-up survey and direct child assessments at the 36-month follow-up in Rhode Island will be used for the following purposes: Detecting the long-term effects of a telephonic care management intervention on parents' depression and general health, as well as their employment, income, and earnings; detecting effects of a telephonic care management intervention for parents' depression on parents' parenting and on children's health, behavior, and development over time, and determining the extent to which long-term intervention effects on children's development can be attributed to changes in their parents' depressive symptomatology that result from the intervention.

Respondents: The respondents to these follow-up surveys will be low-income parents from the Rhode Island site currently participating in the HtE Project, and some of their children.