

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
PIF .....	94,641	1	94,641	0.2	18,928.2
Total .....	94,641	.....	94,641	.....	18,928.2

The estimated annual burden to AETCs is as follows:

Form	Number of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Event Record .....	16,417	1	16,417	0.2	3,283
Aggregate Data Set .....	12	2	24	32	768
Total .....	16,429	.....	16,441	.....	4,051

The total burden hours are 22,979.2. Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Karen Matsuoka, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 24, 2007.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*  
[FR Doc. E7-1438 Filed 1-29-07; 8:45 am]

**BILLING CODE 4165-15-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### National Advisory Council on the National Health Service Corps; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on the National Health Service Corps.

*Dates and Times:* March 8, 2007, 2 p.m.–5 p.m.; March 9, 2007, 8:30 a.m.–5 p.m.; and March 10, 2007, 9 a.m.–5 p.m.

*Place:* Embassy Suites DC Convention Center, 900 10th Street, NW., Washington, DC 20001.

*Status:* The meeting will be open to the public.

*Agenda:* The Council will be finalizing a report outlining some recommendations for the National Health Service Corps Program. Discussions will be focused on the impact of these recommendations on the program participants, communities served by these clinicians and in the administration of the program.

*For Further Information Contact:* Tira Patterson, Division of National Health Service Corps, Bureau of Health Professions, Health Resources and Services Administration, Parklawn Building, Room 8A-55, 5600 Fishers Lane, Rockville, MD 20857; e-mail: [TPatterson@hrsa.gov](mailto:TPatterson@hrsa.gov); telephone: 301-594-4140.

Dated: January 24, 2007.

**Caroline Lewis,**

*Acting Associate Administrator for Administration and Financial Management.*  
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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Indian Health Service

**[Funding Announcement Number: HHS-2007-IHS-HPDP1-0001]**

#### Office of Clinical and Preventive Services Chronic Care Collaborative

*Announcement Type:* Cooperative Agreement.

*Catalog of Federal Domestic Number:* 93.443.

*Intended Recipient:* Institute for Healthcare Improvement.

*Award Amount:* \$600,000 for year 1; \$800,000 for years 2 and 3.

*Application Deadline:* February 1, 2007.

*Authorities:* Snyder Act, 25 U.S.C. 13, Public Health Service (PHS) Act, 42 U.S.C. 301(a).

#### I. Purpose

In this cooperative agreement, the Indian Health Service (IHS) will work closely with the Institute for Healthcare Improvement (IHI) on innovating and testing new designs of care delivery systems, leveraging results for thousands of patients, and creating a system-wide emphasis on improvement.

The IHI's senior leaders and faculty will work closely with the senior leadership team of the Indian health care system to design an improvement strategy to meet the following agreed upon aims:

To test adaptations and innovations in chronic conditions management in the IHS.

- To develop a strategy for spreading the lessons learned to all IHS sites as well as Tribal and urban sites.

- To create a more robust improvement infrastructure.

- To nurture the image of the IHS as an innovator in healthcare by publicizing successes.

Leadership is the critical driver for change and the IHI will work with the IHS, Tribal and Urban health programs leadership to build a culture and structure to support improved levels of performance in the delivery of health care. The IHI and the IHS will work collaboratively to build new models of care and care processes, with the intent of disseminating such learning and "best practices" throughout the Indian health care system. The IHS will have the opportunity to showcase the results of this work by publishing them on shared websites as well as in jointly authored publications.

#### II. Justification

The IHI is a non-profit organization that is leading improvement in health care throughout the world. IHI has unparalleled experience and expertise in working with health systems that care for underserved populations to improve the quality of care for their patients and build capacity for continuing improvement. IHI developed and employs a Breakthrough Series methodology (Learning Model Collaborative) to provide programmatic guidance and focus through coordinated training and support, communication,

and sharing of lessons learned. They are world leaders in this area and have worked with other programs in similar settings to improve chronic illness systems of care for underserved and vulnerable populations, including the Health Resources and Services Administration/Bureau of Primary Health Care's health center program for eight years. The IHI's intellectual capital and operational capacity are essential to the IHS. The IHI has the resources and access to an international network of experts in the area of chronic disease management and implementing chronic care models in various settings. Most other improvement agencies and organizations focus on specific steps and methodologies while IHI takes a much more comprehensive and strategic approach to improvement. Over the past 15 years they have become the recognized world leader in system change in healthcare. They have moved beyond the specifics of software into process development using a variety of techniques to make the best use of technologies and existing organizational capabilities. Their methodologies include improvement advisors who act as peer to peer coaches for organizations implementing change. This personal approach and the IHI's considerable expertise are critical to expand existing Indian Country efforts, where personal connection and effective relationships are often the difference between project success and failure.

This single source cooperative agreement will allow IHS to expedite learning from their organization as well as expedite access to IHI's vast network of strategic partners.

### III. Award Information

*Type of Awards:* Cooperative Agreement.

*Estimated Funds Available:* The award is for three years. For year one \$600,000 is available and for years two and three—\$800,000 is available for each year for a continuation award. Award under this announcement is subject to availability of funds.

*Anticipated Number of Awards:* One single source award will be made under the Program.

*Project Period:* February 16, 2007–February 15, 2010.

*Award Amount:* \$600,000 in year 1; \$800,000 in years 2 and 3.

For information regarding the notification, please contact: Candace M. Jones, MPH, National Programs (NPABQ), 5300 Homestead Road, NE.,

Albuquerque, NM 87110, 505–248–4961 or [candace.jones@ihs.gov](mailto:candace.jones@ihs.gov).

*Electronic Submission:* The preferred method for receipt of applications is electronic submission through Grants.gov. Please refer to the following links for complete application instructions: applicant package may be found in Grants.gov ([www.grants.gov](http://www.grants.gov)) or [http://www.ihs.gov/NonMedicalPrograms/gogp/gogp\\_fund.asp](http://www.ihs.gov/NonMedicalPrograms/gogp/gogp_fund.asp).

Dated: January 18, 2007.

**Robert G. McSwain,**

*Deputy Director, Indian Health Service.*

[FR Doc. 07–386 Filed 1–29–07; 8:45 am]

**BILLING CODE 4165–16–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### The National Institutes of Health

#### Proposed Collection; Comment Request; Monitoring and Evaluation of the NIDA Goes Back to School National Dissemination Campaign

*Summary:* In compliance with Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collection of information, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

*Proposed Collection: Title:* Monitoring and Evaluation of the NIDA Goes Back to School National Dissemination Campaign. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* This is a request for a one-time clearance to collect information on the use of the NIDA Goes Back to School (NGBTS) dissemination materials that can be requested by interested persons from the NIDA Internet site. The National Institute on Drug Abuse (NIDA) launched an initiative to increase awareness of the Institute and its mission to bring the power of science to bear on the treatment and prevention of drug abuse and addiction. NIDA has been developing science education materials for grades K–12 for use by students, teachers, parents, school counselors, school health educators, school resources officers, community organizers, and state and local government agencies. The number of requestors has been an average of 7,500

per year. These large numbers indicate that the dissemination reach is considerable. The pattern of requests also indicates that the number of requests increases dramatically in the early weeks after a dissemination activity is launched. The purpose of this information collection is to determine the level of use by school personnel and community leaders who request the NGBTS materials, and if there is a difference in use level between those requestors responding to a campaign activity and those requestors who were not reached by campaign activities. The information will identify barriers to the use of the materials among these occupational groups and the populations they serve. It will help make the materials more productive in raising the awareness of the harms from substance abuse among children, youth, and parents. It will be used to refine the focus of the dissemination activities, so that dissemination resources are used more productively. The information will be collected from requestors who have requested NIDA NGBTS materials using the requestor forms from the NIDA site, from October 2003 to September 2005. All information collection in the evaluation will be conducted on-line. The estimated total time for a survey is 5 minutes. Prior to the monitoring and evaluation study, the information collection instruments will be pilot-tested via telephone interview format, with a sample of 8 individuals who have requested these materials during the chosen study years. The surveys will include the following elements: (1) Use of the NGBTS materials, (2) Opinion of the NGBTS materials, (3) Respondent information on gender, present occupation and its duration, (4) Background information on the school or Organization/Community. *Frequency of Response:* This project will be conducted once. *Affected Public:* School personnel, and Community Leaders who have requested the NGBTS materials. *Type of Respondent:* School personnel, and Community Leaders who have requested the NGBTS materials from the NIDA site. *Estimated Total Annual Number of Respondents:* 400. *Estimated Number of Responses per Respondent:* 1. *Average Burden Hours per Response:* .08. *Estimated Total Annual Burden Hours Requested:* 32.0. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.