downloaded. Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512–1800 (cost \$70.00 for printed version; \$20.00 for CD–ROM). Another reference is the Healthy People 2010 Final Review-2001.

For one free copy of the Healthy People 2010, contact: The National Center for Health Statistics, Division of Data Services, 3311 Toledo Road, Hyattsville, MD 20782, or by telephone at (301) 458–4636. Ask for HHS Publication No. (PHS) 99–1256. This document may also be downloaded from: http://www.healthypeople.gov.

#### 2. Definitions

For purposes of this announcement, the following definitions apply:

Minority Populations—American Indian and Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander (42 U.S.C. 300u–6, section 1707 of the Public Service Act, as amended).

Protective Factors—Those factors that potentially decrease the likelihood of engaging in a risk behavior. (Risk and Protective Factors for Youth Violence Fact Sheet, retrieved November 15, 2005 from the National Youth Violence Prevention Resource Center Web Site: http://www.safeyouth.org)

Risk Factors—scientifically established factors or determinants for which there is strong objective evidence of a causal relationship to a problem. (Risk and Protective Factors for Youth Violence Fact Sheet, retrieved November 15, 2005 from the National Youth Violence Prevention Resource Center Web Site: http:// www.safeyouth.org)

Tribal College or University (TCU)— One of the institutions cited in section 532 of the Equity in Education Land-Grants Status Acts of 1994 (U.S.C. 301 note) or that qualify for funding under the Tribally Controlled Community College Assistance Act of 1978, (25 U.S.C. 1801 et seq.), and Navajo Community College, authorized in the Navajo Community College Assistance Act of 1978, Public Law 95–471, Title II (25 U.S.C. 640a note).

Dated: May 9, 2006.

# Mirtha R. Beadle,

Deputy Director, Office of Minority Health. [FR Doc. E6–7447 Filed 5–15–06; 8:45 am] BILLING CODE 4150-29–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Meeting of the Presidential Advisory Council on HIV/AIDS

**AGENCY:** Office of Public Health and Science, Office of the Secretary, HHS. **ACTION:** Notice.

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the Presidential Advisory Council on HIV/AIDS (PACHA) will hold a meeting. This meeting is open to the public. A description of the Council's functions is included also with this notice.

**DATES:** June 19, 2006, 8 a.m. to 5 p.m., and June 20, 2006, 8 a.m. to 4 p.m.

**ADDRESSES:** Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201 in Room 800.

### FOR FURTHER INFORMATION CONTACT:

Dana Ceasar, Program Assistant, Presidential Advisory Council on HIV/ AIDS, Department of Health and Human Services, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Room 351F, Washington, DC 20201; (202) 690–2470 or visit the Council's Web site at http://www.pacha.gov.

SUPPLEMENTARY INFORMATION: PACHA was established by Executive Order 12963, dated June 14, 1995, as amended by Executive Order 13009, dated June 14, 1996. The Council was established to provide advice, information, and recommendations to the Secretary regarding programs and policies intended to (a) promote effective prevention of HIV disease, (b) advance research on HIV and AIDS, and (c) promote quality services to persons living with HIV disease and AIDS. PACHA was established to serve solely as an advisory body to the Secretary of Health and Human Services. The Council is composed of not more than 21 members. Council membership is determined by the Secretary from individuals who are considered authorities with particular expertise in, or knowledge of, matters concerning HIV/AIDS.

The agenda for this Council meeting includes the following topics: Disparities in HIV/AIDS health care, HIV/AIDS prevention, and HIV/AIDS international issues. Members of the public will have the opportunity to provide comments at the meeting. Public comment will be limited to three (3) minutes per speaker. Public attendance is limited to space available and pre-registration is required. Any individual who wishes to participate should register at *http:// www.pacha.gov.* Individuals must provide a photo ID for entry into the Humphrey Building. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should indicate in the comment section when registering.

Dated: May 8, 2006.

#### Joseph Grogan,

Executive Director, Presidential Advisory Council on HIV/AIDS. [FR Doc. E6–7449 Filed 5–15–06; 8:45 am] BILLING CODE 4150–43–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Meeting of the Advisory Committee on Minority Health

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

**SUMMARY:** As stipulated by the Federal Advisory Committee Act, the Department of Health and Human Services (DHHS) is hereby giving notice that the Advisory Committee on Minority Health (ACMH) will hold a meeting. This meeting is open to the public. Preregistration is required for both public attendance and comment. Any individual who wishes to attend the meeting and/or participate in the public comment session should e-mail *acmh@osophs.dhhs.gov.* 

**DATES:** The meeting will be held on June 13, 2006, from 8:30 a.m. to 5 p.m. **ADDRESSES:** The meeting will be held at the Crowne Plaza, 8777 Georgia Avenue, Silver Spring, Maryland 20910. The meeting is accessible from the Silver Spring Metro Station.

### FOR FURTHER INFORMATION AND

**REGISTRATION CONTACT:** Garth Graham, M.D., M.P.H., Executive Secretary, ACMH, Tower Building, 1101 Wootton Parkway, Suite 600, Rockville, Maryland 20852. Phone: 240–453–2882; Fax: 240–453–2883.

## SUPPLEMENTARY INFORMATION: In

accordance with Public Law 105–392, the ACMH was established to provide advice to the Deputy Assistant Secretary for Minority Health in improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of the Office of Minority Health. Topics to be discussed during this meeting will include strategies to improve Native American Health (including "indigenous" peoples of the U.S. and the Pacific Islands), Information Technology's Role in Health Care, and Educational Outreach and Health Promotion in improving the health of racial and ethnic minority populations, as well as other related issues.

Public attendance at the meeting is limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the designated contact person at least fourteen business days prior to the meeting. Members of the public will have an opportunity to provide comments at the meeting. Public comments will be limited to five minutes per speaker. Individuals who would like to submit written statements should mail or fax their comments to the Office of Minority Health at least five business days prior to the meeting. Any members of the public who wish to have printed material distributed to ACMH committee members should submit their materials to the Executive Secretary, ACMH, prior to close of business June 2, 2006.

Dated: May 8, 2006.

#### Mirtha R. Beadle,

Deputy Director, Office of Minority Health, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services.

[FR Doc. E6–7438 Filed 5–15–06; 8:45 am] BILLING CODE 4150–29–P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

### AHRQ Quality indicators Workgroup on Risk Adjustment Approaches to Administrative Data

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS. **ACTION:** Notice of request for nominations.

**SUMMARY:** The Agency for Healthcare Research and Quality (AHRQ) is seeking nominations for members of an AHRQconvened Workgroup on risk adjustment specifically aimed at the AHRQ Quality Indicators (QIS). This Workgroup is being formed as part of a structured approach for evaluating riskadjustment and the appropriateness of hierarchical modeling methodology for the AHRQ Quality Indicators at the area and/or provider levels. The Workgroup will evaluate appropriate technical and methodological approaches currently available, and will also discuss and suggest strategies as to what risk adjustment approach(s), if any, would best fit AHRQ QI user needs. As part of this effort and using the AHRQ QIs, the Workgroup member will be addressing several key issues for the development of a risk adjustment methodology, including but not limited to:

• Statistical and methodological issues related to the development and validation of risk adjusted models that predict patient outcomes using administrative data, and are suitable for assessing quality at different levels (individual hospital, State, region).

• Methods for comparing the performance of hierarchical methods with previously employed methods based on administrative data to improve predictive and discriminant ability, and overall fit.

• Appropriate use of sub-sampling techniques for model validation.

• Computation of confidence intervals for assessing provider-specific and State-level performance in comparison to national summary statistics (means or percentiles).

For additional information about the AHRQ QIs, please visit the AHRQ Web site at *http://* 

www.qualityindicators.ahrq.gov. Specifically, the AHRQ QIs Risk

Adjustment Workgroup will consist of up to 9 individuals who are familiar with different risk adjustment methodologies including hierarchical modeling approaches. The Workgroup will have a series of conference calls to discuss the technical and policy issues surrounding risk adjustment for the AHRQ QIs and will then assist AHRQ in developing a report that will aim to summarize the discussions and suggestions of the workgroup, which will be made available for public comment.

DATES: Please submit nominations on or before June 15, 2006. Self-nominations are welcome. Third-party nominations must indicate that the individual has been contacted and is willing to serve on the workgroup. Notification of selected candidates will be contacted by AHRQ no later than June 29, 2006. ADDRESSES: Nominations can be sent in the form of a letter or e-mail, preferably as an electronic file with an e-mail attachment and should specifically address the submission criteria as noted below. electronic submissions are strongly encouraged. Responses should be submitted to:

ATTN: Project Officer, AHRQ Quality Indicators Project, Agency for Healthcare Research and Quality, Center for Delivery, Organization and Markets, 540 Gaither Road, Room 5121, Rockville, MD 20850, E-mail: projectofficer@qualityindicators. ahrq.gov.

#### **Submission Criteria**

To be considered for membership on the AHRQ QI Workgroup, please send the following information for each nominee:

1. A brief nomination letter highlighting experience/knowledge relevant in the development and use of risk adjustment methodology including hierarchical modeling approaches and familiarity with the AHRQ QIs and health care administrative data. (See selection criteria below.) Please include full contact information of nominee: name, title, organization, mailing address, telephone and fax numbers, and e-mail address.

2. Curriculum vita (with citations to any pertinent publications).

## **Nominee Selection Criteria**

Nominees should have technical expertise in health care quality measurement development, and a familiarity with statistical methods in the area of risk adjustment as well as hierarchical modeling,.

More specifically, each candidate will be evaluated using the following criteria:

• Knowledge of recent riskadjustment and hierarchical modeling approaches published in the literature;

• Peer-reviewed publications relevant to the development and use of riskadjustment, hierarchical modeling; performance measures and reporting;

• Expertise in statistical methods relevant to the evaluation of alternative approaches to risk-adjustment and hierarchical modeling;

• Experience with development of measures based on administrative data and its uses;

• Expertise in hospital quality improvement and patient safety;

• Familiarity with the AHRQ Quality Indicators and their application; and,

• Availability to participate in conference calls and provide written comments starting from late June through September 2006.

#### **Time Commitment**

In an effort to provide for expert input and for recommendations on how to improve on the existing risk adjustment approach to administrative data, we are initiating a review process that will require participation in approximately