

total student enrollment. For a list of HSIs see <http://www.chci.org/chciyouth/resources/hispanic-serving.htm>.

Historically Black Colleges and Universities (HBCU): Any historically black college or university that was established prior to 1964, whose principal mission was, and is, the education of black Americans, and that is accredited by a nationally recognized accrediting agency or association determined by the Secretary [of Education] to be a reliable authority as to the quality of training offered or is, according to such an agency or association, making reasonable progress toward accreditation. For a list of HBCUs see <http://www.ed.gov/about/inits/list/whhbcu/edlite-list.html>.

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 psycho social 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.

Multi-disciplinary: An approach that is based on the recognition that women's health crosses many disciplines, and that women's health issues need to be addressed across multiple disciplines, such as adolescent health, geriatrics, cardiology, mental health, reproductive health, nutrition, dermatology, endocrinology, immunology, rheumatology, dental health, etc.

Rural Community: All territory, population, and housing units located outside of urban areas and urban cluster.

Social Role: Recognizes that women routinely perform multiple, overlapping social roles that require continuous multi-tasking.

Student Organizations: University campus organization's that are run by students with student members, usually having a faculty advisor. Examples of student organizations include: sororities, fraternities, student government organizations, student associations, etc.

Sustainability: An organizations or program's staying power: the capacity to maintain both the financial resources and the partnerships/linkages needed to provide the services demanded from an OWH program. It also involves the ability to survive change, incorporate needed changes, and seize opportunities provided by a changing environment.

Tribal Colleges and Universities (TCU): Located on or near reservations, TCUs serve approximately 25,000 students, with the majority being American Indian students from more than 250 tribes. All TCUs offer two-year degrees, five offer four-year degrees and two offer graduate degrees. Tribal colleges are fully accredited by regional accrediting agencies, with the exception of three colleges that are candidates for accreditation. For a list of TCUs see <http://www.ed.gov/about/inits/list/whhc/edlite-tclist.html>.

Underserved Women: Women who encounter barriers to health care that result from any combination of the following characteristics: Poverty, ethnicity and culture, mental or physical state, housing status, geographic location, undocumented immigration status, language, age, and lack of health insurance/under-insured.

Women-centered/women-focused: Addressing the needs and concerns of women (women-relevant) in an environment that is welcoming to women, fosters a commitment to women, treats women with dignity, and empowers women through respect and education. The emphasis is on working with women, not for women. Women clients are considered active partners in their own health and wellness.

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

National Institutes of Health

Submission for OMB Review; Comment Request; Request for Generic Clearance To Conduct Voluntary Customer/Partner Surveys

SUMMARY: Under the provisions of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Library of Medicine (NLM), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on January 27, 2006, in Volume 71, No. 18, page 4594 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Library of Medicine may not

conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Voluntary Customer Satisfaction Surveys.

Type of Information Collection

Request: Extension. OMB Control No. 0925-0476, with an expiration date of May 31, 2006.

Need and Use of Information

Collection: Executive Order 12962 directs agencies that provide significant services directly to the public to survey customers to determine the kind and quality of services they want and their level of satisfaction with existing services. Additionally, since 1994, the NLM has been a "Federal Reinvention Laboratory" with a goal of improving its methods of delivering information to the public. An essential strategy in accomplishing reinvention goals is the ability to periodically receive input and feedback from customers about the design and quality of the services they receive.

The NLM provides significant services directly to the public, including health providers, researchers, universities, other federal agencies, state and local governments, and to others through a range of mechanisms, including publications, technical assistance, and Web sites. These services are primarily focused on health and medical information dissemination activities. The purpose of this submission is to obtain OMB's generic approval to conduct satisfaction surveys of NLM's customers. The NLM will use the information provided by individuals and institutions to identify strengths and weaknesses in current services and to make improvements where feasible. The ability to periodically survey NLM's customers is essential to continually update and upgrade methods of providing high quality service.

Frequency of Response: Annually or biennially.

Affected Public: Individuals or households; businesses or other for profit; state or local governments; Federal agencies; non-profit institutions; small businesses or organizations.

Type of Respondents: Organizations, medical researchers, physicians and other health care providers, librarians, students, and the general public.

Annual reporting burden is as follows:

Estimated Number of Respondents: 19,758.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours Per Response: .136; and

Estimated Total Annual Burden Hours Requested: 2680. The annualized cost to respondents is estimated at \$42,451. There are no capital costs to report. There are no operating or maintenance costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) in this notice, especially regarding the estimated public burden and associated response time, should be directed to: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed collection of information, contact: Carol Vogel, National Library of Medicine, Building 38A, Room 2N12, 8600 Rockville Pike, Bethesda, MD 20894, or call non-toll-free number 301-402-9680. You may also e-mail your request to vogelc@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if

received within 30 days of the date of this publication.

Dated: April 26, 2006.

Todd Danielson,
Executive Officer, National Library of Medicine, National Institutes of Health.
[FR Doc. E6-6708 Filed 5-3-06; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; CERTAS: A Researcher Configurable Self-Monitoring System

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment proposed data collection projects, the National Cancer Institute (NCI) and 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: CERTAS: A Researcher Configurable Self-Monitoring System.

Type of Information Collection Request: NEW.

Need and Use of Information Collection: This study seeks to further our understanding of the usefulness and potential advantages of electronic self-monitoring of behavior-specifically diet and exercise behaviors associated with reduction of cancer risks. Logs, diaries, checklists and other self-monitoring tools are an ubiquitous part of nearly all cancer control research. The primary objective of this study trial is to compare paper-based self-monitoring to CERTAS self-monitoring devices (wireless sync and local sync) in a range of cancer risk behaviors. The findings

will provide valuable information regarding: (1) A comparison of the real time recording compliance of these methods, (2) the pre-post effects of each type of recording (paper versus electronic), and (3) the relative cost per valid recorded entry for the two methods.

Frequency of Response: Daily.

Affected Public: Individuals.

Type of Respondents: Males and females 18 years of age or older who are: (1) Interested in improving their diet and exercise behaviors as they relate to cancer prevention, (2) proficient in utilizing a computer, and (3) generally healthy with no medical conditions which would require a special diet or preclude regular exercise. The present study includes pre-post tests and a four week comparative trial. The pre-post tests involve the completion of self-administered questionnaires on diet and physical activity as well as body measurements (i.e. height, weight, waist, hips). The pre-test visit will also include a review of the study information and informed consent. A usability interview of the self-monitoring method will conclude the post-test. The two office visits for the pre-post tests will take approximately one hour per visit. The four week comparative trial has a total of one-hundred and twelve possible responses (4 responses per 28 days; about 8 minutes per day).

The annual reporting burden is as follows:

Estimated Number of Respondents: 200.

Estimated Number of Responses per Respondent: 3.

Average Burden Hours Per Response: 1.9, and

Estimated Total Annual Burden Hours Requested: 1,148. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Respondent type	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Male	80	3	1.9134	459.264
Female	120	3	1.9134	688.896
Total	200	1,148.16

HOURLY BURDEN ESTIMATES BY FORM

Type of form	Number of items	Frequency of response	Average time per form	Aggregate hour burden
GSEL	28	2	.5	1.0
Physical Activity	3	2	.0835	.167
Self-Monitoring	15	1	3.7408	3.740