

Location: Just off hotel lobby

#### Pre-Conference Events

10 a.m.–12:30 p.m.

#### Get Involved: A White House Conference on Aging Service Project

Organized by the Corporation for National and Community Service and the Washington, DC Jewish Community Center.

A service project to help repair and weatherize a Washington, DC building that serves Latino seniors.

All delegates are invited to participate, but space is limited. To register as a volunteer for the event, call Lavinia Balaci at 202.777.3246 or e-mail [lavinia@dcjj.org](mailto:lavinia@dcjj.org). 1:30 p.m.–4 p.m.

#### Healthy Living Celebration!!

Coordinator: President's Council on Physical Fitness

#### Presenters:

- Melissa Johnson, Executive Director, President's Council on Physical Fitness and Sports
- Mollie Katzen, renowned healthy cookbook author, "Moosewood Cookbook"
- Mark Zeug, Chairman, National Senior Games Association
- Dot Richardson, Olympian and Board Member, President's Council on Physical Fitness and Sports

#### Simultaneous Fitness Sessions:

- Ya-La Dancing
- Theraband
- Tai Chi
- Line Dancing

#### Fitness Recognition Ceremony

3:30 p.m.–5:30 p.m. BY INVITATION ONLY

#### Roundtable on Global Aging

Moderator: Richard Jackson, Ph.D. Director, Global Aging Initiative Center for Strategic and International Studies, Washington, DC

The 21st Century burgeons in a new era of global aging in industrialized and industrializing nations.

4 p.m.–6 p.m. Top 50 Resolution Voting

5:30 p.m.–6 p.m. Exhibition Hall Ribbon Cutting

#### Evening Welcoming Reception

Organized by the Corporation for National and Community Service

Monday, December 12, 2005

5:30 a.m.–7:30 a.m. Continental Breakfast Buffet

6 a.m.–Noon Conference Registration

Location: Just off Hotel Lobby

9 a.m.–10:30 a.m. Opening Plenary

11 a.m.–1 p.m. Top 50 Resolution

Voting

Noon–1 p.m. Box Lunch

1 p.m.–5 p.m.

#### Presentation & Discussion of Policy Tracks

- Health and Long Term Living: The Honorable Mark McClellan, M.D., Ph.D., Administrator, Centers for Medicare and Medicaid Services
  - Planning Along the Lifespan: The Honorable Hal Daub, J.D.
  - Workplace of the Future: Ken Dychtwald, Ph.D., President, Age Wave
  - Civic Engagement and Social Engagement, David Eisner, CEO, Corporation for National and Community Service
  - Our Community (confirmation pending)
  - Technology and Innovation in an Emerging Senior/Boomer Marketplace (confirmation pending)
- 5 p.m.–6:30 p.m. Final Opportunity to Vote for Top 50 Resolutions
- 7 p.m.–9 p.m. Networking Receptions
- Tuesday, December 13, 2005

6:30 a.m.–8 a.m. Continental Breakfast Buffet

8:30 a.m.–11 a.m.

#### Morning Resolution Implementation Strategy Sessions (Facilitated)

- Planning Along the Lifespan
  - Workplace of the Future
  - Our Community
  - Health and Long Term Living
  - Civic Engagement and Social Engagement
  - Technology and Innovation in an Emerging Senior/Boomer Marketplace
- 11 a.m.–Noon Box Lunch
- Noon–2:30 p.m.

#### Afternoon Resolution Implementation Strategy Sessions (Facilitated)

- Planning Along the Lifespan
  - Workplace of the Future
  - Our Community
  - Health and Long Term Living
  - Civic Engagement and Social Engagement
  - Technology and Innovation in an Emerging Senior/Boomer Marketplace
- 3 p.m.–5:30 p.m.

#### Afternoon Resolution Implementation Strategy Sessions (Facilitated)

- Planning Along the Lifespan
- Workplace of the Future
- Our Community
- Health and Long Term Living
- Civic Engagement and Social Engagement
- Technology and Innovation in an Emerging Senior/Boomer Marketplace

#### Dinner Plans Being Finalized

Wednesday, December 14, 2005

6:30 a.m.–8 a.m. Continental Breakfast Buffet

8:30 a.m.–1:30 p.m. Closing Plenary Session and Luncheon

[FR Doc. 05–23434 Filed 11–28–05; 8:45 am]

BILLING CODE 4154–01–P

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Centers for Disease Control and Prevention

[30Day–06–0530]

#### Proposed Data Collections Submitted for Public Comment and Recommendations

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–4766 or send an e-mail to [omb@cdc.gov](mailto:omb@cdc.gov). Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

#### Proposed Project

Dose Reconstruction Telephone Interviews under the Energy Employees Occupational Illness Compensation Program Act of 2000 (EEOICPA)—Revision—The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

On October 30, 2000, the Energy Employees Occupational Illness Compensation Program Act of 2000 (Pub. L. 106–398) was enacted. This Act established a federal compensation program for employees of the Department of Energy (DOE) or certain of its contractors, subcontractors and vendors, who have suffered cancers and other designated illnesses as a result of exposures sustained in the production and testing of nuclear weapons.

Executive Order 13179 was issued on December 7, 2000; it delegated authorities assigned to "the President" under the Act to the Departments of Labor, Health and Human Services, Energy and Justice. The Department of Health and Human Services (DHHS) was delegated the responsibility of

establishing methods for estimating radiation doses received by eligible claimants with cancer applying for compensation. NIOSH is to apply these methods to estimate the radiation doses of such individuals applying for compensation. This process has been ongoing since 2001; the only changes to the package are a reduction in burden hours due to a moderately lower rate of claims submission than estimated by the Department of Labor and the ability of the claimant to fill out the OCAS 1 form electronically (September 2005).

In performance of its dose reconstruction responsibilities under the Act, NIOSH will interview claimants (or their survivors) individually and provide them with the opportunity, through a structured interview, to assist NIOSH in documenting the work history of the employee (characterizing the actual work tasks performed), identifying incidents that may have resulted in undocumented radiation exposures, characterizing radiologic

protection and monitoring practices, and identifying co-workers and other witnesses as may be necessary to confirm undocumented information. In this process, NIOSH will use a computer assisted telephone interview (CATI) system, which will allow interviews to be conducted more efficiently and quickly than would be the case with a paper-based interview instrument.

NIOSH will use the data collected in this process to complete an individual dose reconstruction that estimates as fully as possible the radiation dose incurred by the employee in the line of duty for DOE nuclear weapons production programs. After dose reconstruction, NIOSH will also perform a brief final interview with the claimant to explain the results and to allow the claimant to confirm or question the records NIOSH compiled. This will also be the final opportunity for the claimant to supplement the dose reconstruction record.

At the conclusion of the dose reconstruction process, the claimant

will need to submit a form (OCAS-1) to confirm that all the information available to the claimant has been provided. The form will notify the claimant that signing the form allows NIOSH to forward a dose reconstruction report to DOL and to the claimant, and closes the record on data used for the dose reconstruction. Signing this form does not necessarily indicate that the claimant agrees with the outcome of the dose reconstruction. The dose reconstruction results will be supplied to the claimant and to the DOL, which will factor them into its determination of whether the claimant is eligible for compensation under the Act.

This notice pertains to CDC's request for Paperwork Reduction Act clearance to permit NIOSH to continue conducting dose reconstruction activities. The estimated total annualized burden hours are 4,900. There is no cost to respondents other than their time.

#### ESTIMATE OF ANNUALIZED BURDEN HOURS

Data collection types	No. of respondents	No. of responses per respondent	Average burden per response (in hours)
Initial Interview .....	4,200	1	1
Conclusion Form .....	8,400	1	5/60

Dated: November 18, 2005.

**Betsey Dunaway,**

*Acting Reports Clearance Officer, Centers for Disease Control and Prevention.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-06-05AP]

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#### Proposed Project

Spanish-language Folic Acid Communication Research and Creative Production—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

Pregnancies and births affected by spina bifida or anencephaly have profound physical, emotional, and financial effects on families and communities. Recent data from the National Birth Defects Prevention Network surveillance system show that folic acid food fortification has resulted in an approximate overall 25% decline in Neural Tube Defect (NTD) affected pregnancies. Since food fortification in 1998, the number of babies born in the United States with these serious birth defects has declined. Before food fortification, CDC estimated that there were about 4,000 NTD-affected pregnancies each year. Since 1999, CDC has observed a decline so that the CDC National Center of Birth Defects and Developmental Disabilities now

estimates that, annually, there are only about 3,000 NTD-affected pregnancies.

Despite these exciting developments, Hispanic women in the United States remain the most vulnerable for having an NTD-affected pregnancy. The specific reason for this increased risk remains a mystery. What we do know is that they have a higher risk than Caucasian and African American women in the United States. Surveys conducted by CDC in 1999 and 2000 also showed that Hispanic women had the lowest reported folic acid knowledge and consumption. In 1995 and 1996 during the pre-fortification period, the prevalence of spina bifida and anencephaly among Hispanic women was about 10 per 10,000 births or pregnancies compared to about 8 per 10,000 among Whites and almost 6 per 10,000 among Blacks. Because Hispanic women still have the highest rate among the 3 racial/ethnic groups, CDC continues to make reaching them its top priority.

CDC is interested in continuing to reach Spanish-speaking Hispanic women in the United States. Preliminary results from the Spanish Folic Acid Campaign Evaluation Survey