

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Local Boards of Health	175	1	5

Dated: April 25, 2007.
Maryam Daneshvar,
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-07-0555]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 or send an e-mail to *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

National Public Health Performance Standards Program Local Public Health System Assessment (OMB 0920-0555)—Revision—Office of Chief of Public Health Practice (OCPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Office of Chief of Public Health Practice is proposing to revise the formal, voluntary data collection that assesses the capacity of local public health systems to deliver the essential services of public health. Local health departments will respond to the survey on behalf of the collective body of representatives from the local public health system. Electronic data submission will be used when local public health agencies complete the public health assessment.

A three-year approval is being sought with the revised data collection

instrument. The original data collection instrument has been valuable in assessing performance and capacity and identifying areas for improvement. It is anticipated that the updated data collection instrument will be voluntarily used by local public health systems for similar purposes.

From 1998-2002, the National Public Health Performance Standards Program convened workgroups with the National Association of County and City Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health. In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness. The total estimated annualized burden hours are 5600.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of Respondents	Number of responses per respondent	Average burden per response (in hours)
Local Public Health System	350	1	16

Dated: April 25, 2007.
Maryam Daneshvar,
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-07-0557]

Agency Forms Undergoing Paperwork Reduction Act Review

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) 639-5960 or send an e-mail to *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

National Public Health Performance Standards Program State Public Health System Assessment (OMB 0920-0557)—Revision—Office of the Director (OD),

Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Office of the Director is proposing to revise the currently approved National Public Health Performance Standards Program State Public Health System Assessment. The formal, voluntary data collection that assesses the capacity of state public health systems to deliver the essential services of public health. Electronic data submission will be used when state health departments complete the public health assessment.

A three-year approval is being sought with the revised data collection instrument. The original data collection instrument has been valuable in

assessing performance and capacity and identifying areas for improvement. It is anticipated that the updated data collection instrument will be voluntarily used by states for similar purposes.

From 1998–2002, the CDC National Public Health Performance Standards Program convened workgroups with the National Association of County and City

Health Officials (NACCHO), The Association of State and Territorial Health Officials (ASTHO), the National Association of Local Boards of Health (NALBOH), the American Public Health Association (APHA), and the Public Health Foundation (PHF) to develop performance standards for public health systems based on the essential services of public health.

In 2005, CDC reconvened workgroups with these same organizations to revise the data collection instruments, in order to ensure the standards remain current and improve user friendliness.

There is no cost to the respondents other than their time. The total estimated annualized burden hours are 96.

ESTIMATE OF ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Public Health Systems	8	1	12

Dated: April 25, 2007.

Maryam Daneshvar,

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

[FR Doc. E7–8415 Filed 5–2–07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel: HIV/AIDS Risk Reduction Intervention for Heterosexually Active African American Men, Funding Opportunity Announcement (FOA) Number PS07–002

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) announces a meeting of the aforementioned Special Emphasis Panel.

Time and Date: 12 p.m.–4 p.m., May 24, 2007 (Closed).

Place: Teleconference. Corporate Square, Building 12, Conference Room 3106.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of research applications received in response to FOA PS07–002, “HIV/AIDS Risk Reduction Intervention for Heterosexually Active African American Men.”

Contact Person for More Information: J. Felix Rogers, PhD, M.P.H., Scientific Review Administrator, Centers for Disease Control and Prevention, 1600 Clifton Road, NE., MS

E05, Atlanta, GA 30333, telephone 404.639.6101.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 27, 2007.

Elaine L. Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Request for Public Comment on Use of Rural Urban Commuting Areas (RUCAs)

AGENCY: Health Resources and Services Administration, HHS.

SUMMARY: The Health Resources and Services Administration’s (HRSA) Office of Rural Health Policy (ORHP) has sought to identify clear, consistent, and data-driven methods of defining rural areas in the Metropolitan counties of the United States. ORHP has funded development of Rural-Urban Commuting Area (RUCA) codes as the latest version of the Goldsmith Modification. HRSA is seeking comments on ORHP’s use of RUCAs to better target Rural Health funding and projects. While other agencies of HHS may choose to adopt ORHP’s definition of “rural” there is no requirement that they do so and they may choose other, alternate definitions that best suit their program requirements.

Background

The Office of Rural Health Policy (ORHP) was authorized by Congress in December 1987 in Public Law 100–203 and located in the Health Resources and Services Administration (HRSA). Congress charged the Office with informing and advising the Department of Health and Human Services on matters affecting rural hospitals and health care and coordinating activities within the Department that relate to rural health care.

The fiscal year (FY) 1991 appropriation allocated funds for Health Services Outreach Grants in rural areas. The FY 1991 Senate Appropriations Committee Conference Report stated that these grants were intended for “outreach to populations in rural areas that do not normally seek health or mental health services.”

With the creation of the Rural Health Outreach Grant Program, HRSA assumed the responsibility of determining eligibility for the grants. In 1991, there were two principal definitions of “rural” that were in use by the Federal Government. The oldest was the Census Bureau definition, which defined “rural” as all areas that were either not part of an urbanized area or were not part of an incorporated area of at least 2,500 persons. Urbanized areas were defined as densely settled areas with a total population of at least 50,000 people. The building block of urbanized areas is the census block, a sub-unit of census tracts.

The other major Federal definition in use was based on the Office of Management and Budget’s (OMB) list of counties that are designated as part of a Metropolitan Area. All counties that were not designated as Metropolitan were considered “rural” or, more accurately, non-metropolitan. Metropolitan Areas, in 1990, had to