

1. *Greene County Bancorp, MHC, and Greene County Bancorp, Inc.*, both of Catskill, New York; to become bank holding companies by acquiring 51 percent of the voting shares of Greene County Savings Bank, Catskill, New York.

2. *Cortland First Financial Corporation*, Cortland, New York; to acquire 100 percent of the voting shares of Oneida Valley Bancshares, Inc., Oneida, New York, and thereby indirectly acquire Oneida Valley National Bank, Oneida, New York.

3. *Oneida Financial MHC, and Oneida Financial Corp.*, both of Oneida, New York; to become bank holding companies by acquiring 53.50 percent of the voting shares of The Oneida Savings Bank, Oneida, New York.

B. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. *Legacy Bancorp, Inc.*, Milwaukee, Wisconsin; to become a bank holding company by acquiring 100 percent of the voting shares of Legacy Bank, Milwaukee, Wisconsin (in organization).

C. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *BancFirst Corporation*, Oklahoma City, Oklahoma; to acquire 100 percent of the voting shares of Kingfisher Bancorp, Inc., Kingfisher, Oklahoma, and thereby indirectly acquire Kingfisher Bank and Trust Co., Kingfisher, Oklahoma.

Board of Governors of the Federal Reserve System, September 2, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

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related to banking and permissible for bank holding companies. Unless otherwise noted, these activities will be conducted throughout the United States.

Each notice is available for inspection at the Federal Reserve Bank indicated. The notice also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the question whether the proposal complies with the standards of section 4 of the BHC Act.

Unless otherwise noted, comments regarding the applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than September 22, 1998.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. *SouthTrust Corporation*, Birmingham, Alabama; to engage *de novo* through its subsidiary, SouthTrust Securities, Inc., Birmingham, Alabama, in underwriting and dealing, to a limited extent, in certain private ownership industrial development revenue bonds; *See Crestar Financial Corporation*, 83 Fed. Res. Bull. 512 (1997); *Bank South Corporation*, 81 Fed. Res. Bull. 1116 (1995), and certain unrated municipal revenue bonds; *See Letter Interpreting Section 20 Orders*, 81 Fed. Res. Bull. 198 (1995); *Mellon Bank Corporation*, 81 Fed. Res. Bull. (1995); *SunTrust Banks, Inc.*, 81 Fed. Res. Bull. 1137 (1995).

Board of Governors of the Federal Reserve System, September 1, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

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disease prevention objectives for the next decade. Individuals and organizations are encouraged to comment on the draft objectives in one or more of the following three ways: (1) in writing, by submission through the mails, courier service, or the Internet; (2) in person, at one of five regional meetings scheduled at locations around the country; (3) in person, at the annual fall meeting of the national Healthy People Consortium.

DATES: The period for public comment opens at 9:00 a.m. EDT on September 15, 1998, and closes at 5:00 p.m. EST on December 15, 1998. Five regional meetings on Healthy People 2010 are scheduled on: October 5-6 in Philadelphia, PA; October 21-22 in New Orleans, LA; November 5-6 in Chicago, IL; December 2-3 in Seattle, WA; and December 9-10 in Sacramento, CA. Public comments on the Healthy People 2010 objectives will be accepted and recorded on the second day of each meeting. The Healthy People Consortium meeting is on November 12-13, 1998 in Washington, D.C. at the Capital Hilton hotel. A public hearing will be held during the afternoon of November 13, 1998. Pre-registration for these meetings is required. Registration forms and additional information about the meetings can be obtained by calling 1-800-367-4725. Seating is limited. In the event that interpretive services for the hearing-impaired are required, please indicate these special needs on the registration form.

AVAILABILITY OF DRAFT DOCUMENT: The draft document Healthy People 2010 Objectives: Draft for Public Comment will be for sale by the U.S. Government Printing Office as stock #017-001-00537. All orders must be prepaid. To order, call (202) 512-1800; FAX (202) 512-2250; or send orders to—Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250-7954. The full document and additional background information are also available on the Healthy People 2010 World Wide Web site, <http://web.health.gov/healthypeople>.

ADDRESSES: The mailing address for written comments is: Attention: Healthy People 2010 Objectives, Office of Disease Prevention and Health Promotion, Department of Health and Human Services, Room 738-G Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. Comments may also be submitted electronically through the Healthy People 2010 World Wide Web site, <http://web.health.gov/healthypeople>.

FEDERAL RESERVE SYSTEM

Notice of Proposals to Engage in Permissible Nonbanking Activities or to Acquire Companies that are Engaged in Permissible Nonbanking Activities

The companies listed in this notice have given notice under section 4 of the Bank Holding Company Act (12 U.S.C. 1843) (BHC Act) and Regulation Y, (12 CFR Part 225) to engage *de novo*, or to acquire or control voting securities or assets of a company, including the companies listed below, that engages either directly or through a subsidiary or other company, in a nonbanking activity that is listed in § 225.28 of Regulation Y (12 CFR 225.28) or that the Board has determined by Order to be closely

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Healthy People 2010 Objectives: Draft for Public Comment

AGENCY: DHHS/OS/Office of Public Health and Science, Office of Disease Prevention and Health Promotion (ODPHP).

ACTION: Call for comments on the draft national health objectives in Healthy People 2010.

SUMMARY: During the fall of 1998, the Department of Health and Human Services is soliciting comments on Healthy People 2010 Objectives: Draft for Public Comment, which identifies the national health promotion and

FOR FURTHER INFORMATION CONTACT:
Office of Disease Prevention and Health Promotion, Room 738-G Hubert H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201, (202) 205-8583.

SUPPLEMENTARY INFORMATION:

Background

In 1979, the Department of Health and Human Services began an initiative using objectives for health promotion and disease prevention to improve the health of people living in the United States. The first set of national health targets was published in 1979 in *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*. This report proposed five goals to be achieved by 1990, including the reduction of mortality among four different age groups and the increase of independence among older adults. The goals were supported by objectives that were released in 1980 with 1990 targets. *Healthy People 2000*, the second and current national prevention initiative, reflects the progress and experience of 10 years, as well as an expanded science base and surveillance system. An extensive network of voluntary and professional organizations, businesses, and individuals collaborated in the design of the document's framework. *Healthy People 2000* has three broad goals—increasing the span of health life, reducing health disparities, and achieving access to clinical preventive services—and is organized into 22 priority areas.

Structure of Health People 2010

The *Healthy People 2010* process builds on *Healthy People 2000*. Two overarching goals are proposed: (1) Increase quality and years of health life, and (2) eliminate health disparities. The first goal continues the year 2000 goal and emphasizes increasing the quality and wellness of life years, not just life expectancy. The second goal expands the year 2000 goal of reducing health disparities by calling for the elimination of these disparities. Select populations are targeted in many objectives to identify disparities in health status, health risk, or service delivery. The proposed focus areas are analogous to, and for the most part use the same names as, the *Healthy People 2000* priority areas. The term "focus area"

was chosen to avoid any implication of prioritization. New focus areas have been added in response to changes in health care and public health during the last decade and to anticipated changes in coming years. These new focus areas include: (1) Access to quality health services; (2) arthritis, osteoporosis, and chronic back conditions; (3) disability and secondary conditions; (4) health communication; (5) public health infrastructure; and (6) respiratory diseases. The focus areas are organized under the headings "Promote Healthy Behaviors," "Promote Healthy and Safe Communities," "Prevent and Reduce Diseases and Disorders," and "Improve Systems of Personal and Public Health."

Objectives for Healthy People 2010

The 2010 document has two types of objectives, measurable and developmental. Measurable objectives provide direction for action. They have baselines that use reliable data derived from currently established, nationally recognized data systems. Baseline data provide the point from which the target for 2010 can be set. Whenever possible, objectives will be measured with national systems that either build on, or are comparable with, state and local data systems. An example of a measurable objective in the Maternal, Infant, and Child Health focus area is "Reduce the infant mortality rate to no more than 5 per 1,000 live births." The most recent data indicate that the infant mortality rate was 7.6 per 1,000 live births in 1995, as recorded by National Vital Statistics System, the data source from the Centers for Disease Control and Prevention, National Center for Health Statistics.

Developmental objectives describe a desired outcome or improvement in health status. However, current surveillance systems do not provide data to measure these objectives. The purpose of developmental objectives is to identify areas that are important to achieving improved health for Americans and to stimulate the development of data systems to measure them. An example of a developmental objective is "Increase the proportion of infants aged 18 months and younger who receive recommended primary care services at appropriated intervals." Baseline data to measure such an objective are not currently available.

Purpose of Public Comment

The year 2010 goals and objectives need to address priorities for improving the health of the Nation and must be meaningful and useful for many stakeholders, including the general public. Comments on the 2010 objectives received by ODPHP by the three ways identified above will be assigned for review to agencies of HHS. A listing of these lead agencies is contained in the 2010 draft document. Public comments will be used to refine the draft 2010 document into its final form, which is scheduled for release in January 2000.

Dated: August 25, 1998.

David Satcher,

Assistant Secretary for Health and Surgeon General.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request Proposed Project

Title: Form OCSE-396A, Child Support Enforcement Program Financial Report and Form OCSE-34A, Child Support Enforcement Program Quarterly Report of Collections.

OMB No.: New.

Description: These forms are used by States to report the expenditures and the collections of child support payments made under Title IV-D of the Social Security Act during each fiscal quarter. These forms also report the semiannual budget estimates for the program and the portion of the collected payments to be distributed to the custodial parent or to the Federal or State governments. The information is used to calculate quarterly grant awards, annual incentive payments to the States, annual "hold harmless" payments and is published in an Annual Report to Congress. Respondents are limited to the designated child support enforcement agency in each State.

Respondents: States.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
396A	54	4	8	1,728