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]

BILLING CODE 4163–18–P

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.

[FR Doc. E7–8457 Filed 5–2–07; 8:45 am]

BILLING CODE 4163–18–P

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