

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.
[FR Doc. 98–23970 Filed 9–4–98; 8:45 am]
BILLING CODE 4160–17–M

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

ANNUAL BURDEN ESTIMATES—Continued

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
34A	54	4	8	1,728

Estimated Total Annual Burden Hours: 3,456.

In compliance with the requirements of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

The Department specifically requests comments on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c)

the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Consideration will be given to comments and suggestions submitted within 60 days of this publication.

Dated: September 1, 1998.

Bob Sargis,

Reports Clearance Officer.

[FR Doc. 98-23973 Filed 9-4-98; 8:45 am]

BILLING CODE 4184-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Administration for Children and Families****Proposed Information Collection Activity; Comment Request; Proposed Project**

Title: Emergency TANF Data Report (ACF-198).

OMB No.: 0970-0164.

Description: This information is being collected to meet the statutory requirements of section 411 of the Social Security Act. It consists of disaggregated and aggregated demographic and program information that will be used to determine participation rates, performance awards, and other statutorily required indicators for the Temporary Assistance for Needy Families (TANF) program. OMB previously approved this data collection through September 30, 1998. We are now requesting an extension through March 31, 2000, in order to maintain continuity of data collection.

Respondents: State, Local or Tribal Government.

ANNUAL BURDEN ESTIMATES

Instrument	Number of respondents	Number of responses per respondent	Average burden hours per response	Total burden hours
ACF-198	54	4	451	97,416

Estimated Total Annual Burden Hours: 97,416.

In compliance with the requirements of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Administration for Children and Families is soliciting public comment on the specific aspects of the information collection described above. Copies of the proposed collection of information can be obtained and comments may be forwarded by writing to the Administration for Children and Families, Office of Information Services, 370 L'Enfant Promenade, SW, Washington, DC 20447, Attn: ACF Reports Clearance Officer. All requests should be identified by the title of the information collection.

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Dated: September 2, 1998.

Bob Sargis,

Acting Reports Clearance Officer.

[FR Doc. 98-24017 Filed 9-4-98; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration**

[Docket No. 98F-0730]

Keller and Heckman LLP; Filing of Food Additive Petition

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing that Keller and Heckman LLP, has filed a petition proposing that the food additive regulations be amended to change the density specifications for ethylene-maleic anhydride copolymers intended for use in contact with food.