

improve performance on those quality measures.

The meeting will be available via Web cast. For additional information, go to: http://www.hhs.gov/healthit/ahic/quality_instruct.html.

Dated: November 2, 2007.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Statement of Organization, Functions, and Delegations of Authority

Part C (Centers for Disease Control and Prevention) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (45 FR 67772-76, dated October 14, 1980, and corrected at 45 FR 69296, October 20, 1980, as amended most recently at 72 FR 45430-45433, dated August 14, 2007) is amended to reflect the reorganization of the Office of Enterprise Communication, Office of the Director, Centers for Disease Control and Prevention.

Section C-B, Organization and Functions, is hereby amended as follows: Delete in their entirety the functional statements for the *Office of Enterprise Communication (CAU)* and the *Office of the Director (CAU1)*, and insert the following:

Office of Enterprise Communication (CAU). The mission of the Office of Enterprise Communication (OEC) is to assure CDC's leadership role in promoting public health and preventing disease by fostering an organizational culture that ensures coordination and prompt response to urgent issues and concerns; anticipates and elevates issues that shape the Agency's position; upholds and safeguards our credibility and confidence of employees, partners, and public; and promotes effective and efficient communication networks and products. To carry out its mission, OEC (1) plans, directs, coordinates, and facilitates communication activities related to policy issues and situations with serious and cross-cutting potential organizational impact; (2) provides leadership, technical assistance, and consultation to the agency's

coordinating centers/offices (CC/COs), national centers (NCs), and offices in reputational risk communication and reputational management; (3) provides leadership, technical assistance, and consultation to the agency's CC/COs, NCs, and offices in establishing best business communication practices and strategic principles to maximize effectiveness; (4) conducts environmental scanning to determine emerging threats to the agency's reputation; (5) implements external communication strategies to promote and protect the agency's brand; (6) provides guidance on best practice in internal and external communication; (7) assists the CC/COs, their NCs, and partners in identifying and building needed expertise and state-of-the-art technology, logistical support, and other capacities required for effective external and internal policy/public affairs communication, and media relations; (8) positions the agency to respond quickly, fairly, openly, and honestly to challenges and potential problems; (9) maintains liaison with officials from the Department of Health and Human Services (DHHS), other Federal and state public health agencies, and private sector organizations to coordinate communication programs and strategies of mutual concern; and (10) identifies and promotes the use of the latest information technologies to support and coordinate CDC's enterprise-wide communication efforts throughout the CC/COs.

Office of the Director (CAU1). (1) Ensures CDC communication activities follow policy directions established by DHHS; (2) establishes and interprets policies and determines priorities for communicating the value and benefits of CDC programs; (3) establishes, administers, and coordinates CDC's media relations policies in a manner to ensure that communication efforts reflect the scientific integrity of all CDC research, programs, and activities, and that such information is factual, accurate, and targeted toward improving public health; (4) provides leadership and guidance on developing and implementing external public relations strategies to communicate upward and outward to customers, partners, and other stakeholders; (5) provides leadership and guidance on developing and implementing internal public relations strategies to communicate to the agency's workforce; (6) facilitates coordination throughout the agency to ensure the use of consistent and repetitive messages that achieve awareness and understanding; (7) facilitates coordination throughout the

agency to ensure the distribution of messages through the right channels and to the appropriate audience; (8) provides guidance on leadership communication effectiveness; (9) provides leadership in the development and implementation of proactive strategies and practices for effective issue management and public affairs activities; (10) provides leadership and guidance in using efficient and transparent processes to communicate the decision-making activities of CDC's leadership; (11) facilitates the activation of situation-specific teams of experts and specialists to develop and implement communication strategies to respond to and resolve controversial public issues, influence public attitude and perception, and support and promote the business of the agency in a scientific and positive manner; (12) collaborates with stakeholders and partners, responsible for the planning, coordination and management of the Conference Center located in the Global Communications Center (GCC) on the Roybal Campus; manages the infrastructure support for functions within the Scientific Communication Center provided by contract; (13) manages the functions of common used space in the GCC and Building 21, First Floor, on the Roybal Campus; (14) provides conference management support to internal and external customers for meetings held in the GCC and Building 21, First Floor; and (15) creates and maintains liaisons with the CC/CO Enterprise Communication Officers Executive Leadership Board, CDC Foundation, and Emergency Communications System to monitor and respond to issues that are a threat to the business of the agency.

Delete in its entirety the functional statement for the *Management Analysis and Services Office (CAJG)* and insert the following:

Plans, coordinates, and provides CDC-wide management and information services in the following areas: policy development, management and consultation; management studies and surveys; internal controls program; delegations of authorities; organizations and functions; Federal Advisory Committee management; records management; most efficient organization implementation; printing procurement; electronic forms design and management; mail center services and operations; information quality; competitive sourcing; and office automation services and support.

Delete items (4) and (8) of the functional statement for the *Management and Information Services Branch (CAJGC)*, *Management Analysis*

and Services Office (CAJG), and renumber the remaining items accordingly.

Dated: November 5, 2007.

William H. Gimson,

Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 07-5634 Filed 11-13-07; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104-13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443-1129.

Comments are invited 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) ways to enhance 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.

Proposed Project: Data Collection Tool for Rural Hospital Flexibility Grant Program: (New)

The mission of the Office of Rural Health Policy (ORHP) is to sustain and improve access to quality care services for rural communities. In its authorizing language (Sec. 711, [42 U.S.C. 912]), Congress charged ORHP with "administer[ing] grants, cooperative agreements, and contracts to provide technical assistance and other activities as necessary to support activities related to improving health care in rural areas."

In accordance with 42 U.S.C. 1820(g)(3)(F), the Health Resources and Services Administration proposes to revise the Rural Hospital Flexibility Grant Program—Guidance and Forms for the Application. The guidance is used annually by 45 States in writing applications for Grants under the Rural Hospital Flexibility Program (Flex) of the Social Security Act, and in preparing the required report.

ORHP seeks to expand the information gathered from Grantees on their use of the grant funds. Flex Grantees would be required to report on the number of Critical Access Hospitals (CAHs), other eligible hospitals, Emergency Medical Service (EMS)

providers, or rural health networks they have worked with during the grant period. Areas that can work with the CAHs and eligible hospitals include: Strategic Planning, Board Training, Networking, Benchmarking/Quality Reporting, EMS—Training, Medical Direction, Transfers, and Health Information Technology (HIT) Adoption. During the grant period the grantee can sponsor meetings, seminars, workshops, and/or use other means as appropriate to engage with the hospitals on any of the above subjects or others that are not listed. The Flex grantees would report information on the total number of hospitals or other organizations that participated in any sponsored activities, as well as provide the name of the hospitals and organizations and their addresses.

In addition, ORHP seeks further information on the use of grant funds. Many Flex grantees use sub-contractual agreements to provide direct aid to CAHs, eligible hospitals, rural health networks, EMS providers or other organizations. ORHP will ask each Flex grantee to list all sub-contractual awards made during the grant period, identify the organization which received Flex funding, the amount they received, and the purpose of award. Services provided to CAHs, other hospitals or providers, EMS providers or other entities will be quantified and the value of the service provided will be submitted.

Submission may be made through the use of a spreadsheet attached to the application.

The estimated average annual burden is as follows:

Form	Number of respondents	Responses per respondent	Burden hours per response	Total burden hours
Flex Report	45	1	12.5	562.5
Total	45			562.5

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 10-33 Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857. Written comments should be received within 60 days of this notice.

Dated: November 7, 2007.

Alexandra Huttinger,

Acting Director, Division of Policy Review and Coordination.

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DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Information Collection Sent to the Office of Management and Budget (OMB) for Approval; National Wildlife Refuge System Evaluation: Surveys of State Agencies, Indian Tribes, and Local Partners

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Notice; request for comments.

SUMMARY: We (Fish and Wildlife Service) have sent an Information

Collection Request (ICR) to OMB for review and approval. The ICR, which is summarized below, describes the nature of the collection and the estimated burden and cost. We may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

DATES: You must submit comments on or before December 14, 2007.

ADDRESSES: Send your comments and suggestions on this ICR to the Desk Officer for the Department of the Interior at OMB-OIRA at (202) 395-6566 (fax) or OIRA_DOCKET@OMB.eop.gov