

the requisite organizational capability to carry out the activities of the Institute on a nationwide scale.

Application kits are available by phoning 202/619-0441 or by writing to: Department of Health and Human Services, Administration on Aging, Office of Program Development, 330 Independence Avenue, SW., Room 4278, Washington, DC 20201.

Fernando M. Torres-Gil,

Assistant Secretary for Aging.

David T. Ellwood,

Assistant Secretary for Planning and Evaluation.

[FR Doc. 95-16580 Filed 7-5-95; 8:45 am]

BILLING CODE 4150-04-M

Centers for Disease Control and Prevention

[CDC-574]

Announcement of Cooperative Agreement with the American Public Health Association

Summary

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement with the American Public Health Association (APHA) entitled "Preparing the Public Health Workforce for the Changing Public Health Environment" to support the development and implementation of methodologies to prepare the public health workforce to deal effectively with changes in the public health practice environment.

It is anticipated that approximately \$285,000 will be available in FY 1995 to fund this agreement. It is expected that the award will begin on or about September 30, 1995, and will be made for a 12-month budget period within a project period of up to 5 years.

Continuation awards within the project period will be made on the basis of performance and the availability of funds. However, it is anticipated that future awards may be substantially higher if APHA develops proposals for collaborative projects with specific programs at CDC.

The purposes of this cooperative agreement are: (1) To develop and implement methodologies to improve the public health community's access to relevant and timely information about changes in the public health practice environment at the national, State, and local levels and/or (2) to design and conduct (or facilitate the design and conduct of) projects to demonstrate effective public health approaches to

changes in the public health practice environment.

The CDC will provide the following assistance:

1. Collaborate with APHA to identify sources of information about changes in health policy and public health practice.

2. Collaborate with APHA to identify settings in which substantive changes in public health policy have occurred and provide input into the design of studies to assess the impact of those changes on public health practice.

3. Assist APHA in identifying individuals to participate in sessions to develop consensus regarding which approaches are most effective in protecting and improving the health of the public.

4. Provide advice and consultation to APHA regarding effective methodologies for disseminating information to those in the public health community.

5. Provide technical assistance to APHA, if necessary, in developing and disseminating information to the public health community, including making available CDC's live satellite video and/or audio conference services.

6. Collaborate with APHA to explore more efficient ways to operate the Peer Assistance Network.

7. Facilitate discussions between APHA and CDC program personnel regarding the development of Center/Institute/Offices (CIO)-specific activities to help accomplish the objectives of the cooperative agreement.

CDC is committed to achieving the health promotion and disease prevention objectives in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. These objectives can be achieved only if those responsible for developing State and local health policy and those responsible for public health at the State and local level are aware of the impact that different health policy decisions and responses to them are having on the practice of public health so that they can implement approaches which appear most effective in protecting and improving the health of the public. This announcement is related to the priority area of Education and Community-based. (To order a copy of *Healthy People 2000*, refer to the Section **Where to Obtain Additional Information.**)

Authority

This program is authorized under section 317(k)(2) of the Public Health Service Act, 42 U.S.C. 247b(k)(2) as amended. Program regulations are set forth in 42 CFR part 52.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and to promote the nonuse of all tobacco products, and, Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicant

Assistance will be provided only to the American Public Health Association (APHA). No other applications are solicited. APHA is uniquely qualified to be the recipient organization for the following reasons:

1. APHA is the nation's largest public health professional membership organization and is the only national public health membership organization that has members from all segments of the public health practice and academic communities, as well as from the public and private medical care community. Its membership of over 54,000 includes national, State, and local public health experts and leaders; public health researchers; public health practitioners and administrators; teachers and students from schools of medicine and public health; preventive medicine residents; State and local board of health members; hospital administrators; pharmaceutical industry executives; and many others.

2. The diversity of its membership, its ability to reach beyond the bounds of traditional public health, the quality of work performed by its members and staff, and the high esteem in which it is held within the profession place APHA in a unique position to assure that all relevant perspectives are taken into consideration in accomplishing the purposes of this agreement—not just the perspectives of official public health agencies or the private medical community, for example.

3. APHA has broad and objective knowledge of the diverse range of public health issues and programs and, because it doesn't represent just one group of public health individuals or organizations, APHA will be able to maintain an unbiased approach to the study of health policy changes and the impact of those changes on the practice of public health.

4. APHA has a nationwide network of 52 affiliates, the vast majority of which are State-based. Those affiliates will be able to provide information to APHA about health policy changes in their States and to coordinate specific

cooperative agreement project activities in their States.

5. APHA has 24 Sections and 6 Special Interest Groups that represent all disciplines in public health, including Health Administration, Community Health Planning and Policy Development, Epidemiology, Environmental Health, Statistics, Public Health Nursing, Health Law, and Alternative Health Professions, ensuring the availability of the wide array of expertise that will be necessary to accomplish the purposes of the cooperative agreement.

6. APHA has an acknowledged role in providing leadership in the development of national public health policies. This leadership position will help assure the accomplishment of the cooperative agreement's objectives.

7. APHA has the ability to quickly and economically convene working sessions and other meetings in Washington, DC, due to the fact that it has on-site meeting facilities at its DC offices and has meeting planners on staff.

8. APHA has the ability to maintain contact with and disseminate information to the public health community, in a timely manner, through *The Nation's Health*, its monthly newspaper, and the *American Journal of Public Health*, its monthly journal. In addition, APHA has the ability to disseminate information to over 13,000 members who attend the APHA Annual Meeting and Exhibit each fall.

Executive Order 12372 Review

The application is not subject to review as governed by Executive Order 12372, entitled "Intergovernmental Review of Federal Programs."

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Where To Obtain Additional Information

If you are interested in obtaining additional information regarding this program, please refer to Announcement Number 574 and contact David Elswick, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 305,

Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6521.

A copy of *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (Full Report, Stock No. 017-001-00474-0) or *Healthy People 2000: National Health Promotion and Disease Prevention Objectives* (Summary Report, Stock No. 017-001-00473-1) referenced in the **Summary** may be obtained through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 29, 1995.

Deborah L. Jones,

Deputy Director for Management and Operations, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-16517 Filed 7-5-95; 8:45 am]

BILLING CODE 4163-18-P

[Announcement Number 570]

Cooperative Agreement Program to Assess the Impact of Emerging Infectious Diseases on Health Outcomes of Children and Their Families Related to Out-of-Home Child Care

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program for competitive applications to assess the impact of out-of-home child care on health outcomes related to infectious diseases among children and their families and to evaluate the impact of interventions designed to improve those health outcomes. For purposes of this cooperative agreement program, out-of-home child care is defined as care provided to children outside the home for at least ten hours per week in child care centers, family child care homes, family group homes, or similar settings. The primary population of interest is children five years of age and younger and their families; however, children up to 13 years of age (and their families) attending "after-school"-type care programs may be included in the study population. Because of the difficulty in obtaining high quality data on illness and health status from child care providers and the need to compare children who receive child care in different settings, the focus for recruitment and data collection should be through providers of health care services (e.g., health maintenance organizations, preferred provider organizations, physician-hospital organizations, other integrated and/or

managed care-type health provider networks or organizations).

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and to improve the quality of life. This announcement is related primarily to the priority area of Immunization and Infectious Diseases. (For ordering a copy of "Healthy People 2000," see the section **Where to Obtain Additional Information.**)

Authority

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act, as amended (42 U.S.C. 241(a) and 247b(k)(2)). Applicable program regulations are found in 42 CFR part 51b, Project Grants for Preventive Health Services.

Smoke-Free Workplace

PHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products, and Pub. L. 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, nonprofit and for-profit organizations and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority- and/or women-owned businesses are eligible to apply.

Availability of Funds

Approximately \$300,000 is available in FY 1995 to fund two to three projects. It is expected that awards will range from \$75,000 to \$150,000 and will begin on or about September 30, 1995, for a 12-month budget period within a project period of up to three years. Funding estimates may vary and are subject to change. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

There are no matching or cost participation requirements; however, the applicant's anticipated contribution to the overall program costs, if any, should be provided on the application.