

referral providers, those providers will be responsible for any subsequent diagnosis, treatment, or intervention.

### Summary of Medical Monitoring

Medical monitoring will be considered along with the other health follow-up activities to be recommended for populations around specific sites. The Division of Health Studies will make a determination on whether a site meets the exposure and outcome criteria for medical monitoring. If a site meets the previously discussed criteria and is selected for further consideration of a medical monitoring program, ATSDR will work with the community and other appropriate entities in designing the specific monitoring and referral system for that site's target population. ATSDR will notify, and where appropriate, work with the state health department to establish the program. The Division of Health Studies will monitor the program and be responsible for the oversight on the annual reports.

### References

- Commission on Chronic Illness. *Chronic Illness in the United States*, Vol. 1. Commonwealth Fund, Harvard University Press, Cambridge, 1957, page 45.
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- NRC (National Research Council). *Human Exposure Assessment for Airborne Pollutants: Advances and Opportunities*. Washington, D.C.: National Academy Press, 1991, pages 17-37.
- U.S. Preventive Services Task Force. *Guide to Clinical Preventive Services: An Assessment of the Effectiveness of 169 Interventions*. Baltimore: Williams & Wilkins, 1989, pages xxix-xxxvii. Dated: July 24, 1995.

### Claire V. Broome,

*Deputy Administrator, Agency for Toxic Substances and Disease Registry.*

[FR Doc. 95-18578 Filed 7-27-95; 8:45 am]

BILLING CODE 4163-70-P

## Centers for Disease Control and Prevention

[Announcement 562]

### Analytic Studies to Elaborate the Impact of Race, Ethnicity, and Socioeconomic Status Upon the Health of Minority Populations

#### Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for cooperative agreements to conduct analytic studies to elaborate the impact of race, ethnicity, and socioeconomic status (SES) upon the health of minority populations in the United States. Research sponsored by this announcement will focus on the performance of special studies and analyses of existing data to:

1. Identify the critical features of SES which determine health, delineate the mechanisms and processes whereby social stratification produces disease, and specify the psychological and interpersonal processes that can intensify or mitigate the effects of social structure on health behaviors, access to care, and health outcomes;
2. Explore the need for more accurate descriptions of racial and ethnic status to monitor the differential impact of health policy changes and system reform on minority subpopulations; and,
3. Increase understanding of the impact of ethnicity on health by identifying the ways in which SES, cultural factors, and racial/ethnic variables and discrimination impact on health behaviors, access to health care, and health outcomes.

The "Disadvantaged Minority Health Improvement Act of 1990" (Pub.L. 101-527) which established the Minority Health Statistics Grants Program and subsequent reauthorizing legislation contained in the "Preventive Health Amendments of 1993" (Pub.L. 103-183), recognized the need for improved and refined data to monitor and focus on the differences in health status between and among minority populations.

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 improve the quality of life. This announcement is related to the priority area of Surveillance and Data Systems. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

### Authority

This program is authorized under section 306(m) of the Public Health Service Act [42 U.S.C. 242k(m)] as amended.

### Smoke-Free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 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 nonprofit organizations and institutions, and governments and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, are eligible to apply.

### Availability of Funds

Approximately \$500,000 will be available in FY 1995 to fund approximately 3 to 7 awards ranging from \$50,000 to \$200,000. It is expected that the average award will be \$150,000. It is expected that the awards 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 3 years. Funding estimates may vary and are subject to change. Applications requesting funds greater than an upper limit of \$250,000 total costs for any 12-month budget period will be returned to the applicant without review. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

### Purpose

The purpose of this program announcement is to support special studies and analyses that will elucidate the impact of race/ethnicity and SES upon the health of minority populations in the United States.

Research priorities for race/ethnicity and SES have been divided into several categories. Genetics is an important variable; however, it diverts attention from the more influential social and environmental differences which have erroneously been attributed as race differences. Implicit in these priorities are a number of methodological and analytical issues, such as finding and

sampling small groups as well as developing new statistical techniques to analyze new and existing data, which need to be addressed in order to investigate these issues:

#### *Special Studies*

- Special studies of minority population to examine changes in behavior, wealth, generational (e.g., immigration); historical (e.g., political, social); population migration (within the United States/in and out of the United States); family structure, and lengthening life span.

- Focused studies on rare populations to address a need for a national origin and generational research, and supplemental race and ethnic descriptors in addition to other identifiers (e.g., the concept of underserved populations can help to eliminate racial lumping).

- Critical synthesis of past theoretical and empirical research on race and ethnicity and SES.

- Studies of the impact of migration, acculturation, and other processes on the health status of minority groups and subgroups.

- Studies of the appropriateness, reliability, and validity of health measures for particular ethnic groups, taking into consideration values, beliefs, and externally-imposed factors that need to be addressed.

- Identify and define the intervening mechanisms that link SES with health service utilization and health status.

- Identify and use additional measures of SES on race and ethnicity classification—including measures of family structure and living arrangements, new measures of economic status (e.g., wealth, per capita income), acculturation, residence, labor force participation (including females), religion/spirituality, alienation, SES in early life.

- Conduct comprehensive studies of stress in family, residential, and occupational environments including financial strain and exposure to discrimination.

- Studies of populations currently in transition.

- Study the use of alternative health resources which supplant traditional resources.

- Conduct research designed to understand and improve self-reporting of race and ethnicity, including:

- how minority populations self-identify and report (cognitive process, etc.),

- effects of mixed parentage, and
- effects of self-identification or self-reporting of persons of biracial or multiracial background.

- Test the reliability of race and ethnic information on vital and medical records (self-reports vs. proxy reports with a focus on mortality statistics and underreporting).

- Conduct research on capturing racial and ethnic information via provider records.

- Conduct special studies and/or analyses to understand the health of racial and ethnic populations where there are known data gaps including:

- the effect of age, gender, generation, education, birthplace, on health status;

- social, economic, environmental (social and physical) and psychological factors affecting health status;

- mental health and stress;

- sources of medical care, prevention care, and payment mechanisms;

- cultural factors affecting health status (e.g., acculturation, assimilation, etc.); and

- alternative health care vs. health status outcome.

- Conduct research to develop additional or enhanced predictors of health status that can explain observed differences between race and ethnic populations, including SES status measures such as:

- generational status

- measures of family structure and living arrangements

- wealth

- per capita income

- labor force participation (including women)

- SES in early life

- income to needs comparisons

- other variables such as: cultural, environmental, and societal.

- Develop and test analytical approaches to better understand the relationship between race, ethnicity, and SES as they pertain to or affect health outcomes.

- Studies to examine the relationship between self actualization, self-esteem, social support and health status or perceived health status among racial/ethnic groups.

- Studies to address environmental equity issues, including psycho/social environments.

#### **Program Requirements**

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC will be responsible for the activities listed under B. (CDC Activities).

#### *A. Recipient Activities*

Where applicable recipients will involve community-based organizations, members of the minority population under study, and researchers from universities or private nonprofit organizations throughout the research process. Involvement in these activities may include research design, implementation, analysis, and dissemination of research results. The applicant must address why the involvement of any of the above-referenced groups is not relevant to the proposed project.

In addition, all recipients are expected to determine whether their proposed projects meet the criteria of the Protection of Human Subjects (45 CFR Part 46) requiring review by an institutional review board (IRB). If an IRB review is required and the applicant does not have the capacity to perform an IRB review, the applicant is strongly encouraged to enter into a partnership with universities or other organizations with the capacity to conduct an IRB review.

Each recipient will address the activities in one or both of the following areas, as appropriate:

1. Special studies or analyses
  - a. Identify a problem or population where there is a unique opportunity to conduct analytic studies or there are gaps in existing information as identified through the research literature, "Healthy People 2000," and/or references cited in the "Where to Obtain Additional Information" section.

- b. Identify and define available sources of information and assistance for performing special studies or analyses (e.g., NCHS and other Federal organizations, State/local health departments, universities, survey research organizations, existing Centers of Excellence, community-based organizations, etc.).

- c. Develop the research design, implementation and analytic plans for the conduct of special studies or analysis. Applicants should consider the professional acceptability of their methodologic approach (peer review journals/statistical standards, etc.), specific expectations of methods used, comparability to national data sources, and generalizability to other groups or subgroups.

- d. Execute the planned study.

- e. Disseminate research findings in publications, reports, etc., and within the respective community.

#### *B. CDC Activities*

1. Assist in the refinement of analytic and research plans.

2. Make available other information and technical assistance from government sources, as appropriate.

3. Provide liaison with other government agencies, as appropriate.

4. Provide technical assistance on individual analytic and research projects, including those conducted by sub-grantees, as appropriate.

#### Evaluation Criteria

Applications will undergo an initial peer review evaluation according to the following criteria:

1. The likelihood that new knowledge gained will subsequently contribute to improvement of the ability of the scientific community to identify and meet the data needs of the future. Factors to be considered include: uniqueness of the project objectives and their consistency with program priorities; and the generalizability of the project findings. (25 points)

2. Understanding the technical and substantive issues and the research priorities the project proposes to address; clarity, feasibility, and practicality of the goals and objectives of the project as well as the plan to meet them. (20 points)

3. Soundness, practicality, and feasibility of the technical approach to the work, including how the tasks are to be carried out, anticipated problems and proposed solutions; conformance with accepted scientific standards, principles and techniques; and the feasibility and appropriateness of the proposed evaluation plan and mechanism. (20 points)

4. Substantial involvement of community-based organizations and indigenous populations in the research project; links to existing research networks and infrastructures at the local, State and/or national level. (20 points)

5. Capabilities of the proposed investigators, including qualifications, relevant experience in the content and execution of the proposed project, and adequacy of project management to keep project on track and on schedule. (15 points)

A second-level program review will be conducted by senior Federal staff on applications referred from the initial review. All referred applications will be evaluated on an individual basis according to the criteria below:

1. The results of the objective review.

2. Balance in addressing the various racial and ethnic groups and geographic areas.

3. Non-duplication of currently-supported research activities.

4. Generalizability and comparability of research results.

5. Match with available technical assistance.

6. Impact on program budget. Awards will be made based on merit and priority score ranking by the peer review, program review by senior Federal staff, and the availability of funds.

#### Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

#### 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.

#### Other Requirements

##### *Paperwork Reduction Act*

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

##### *Human Subjects*

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services' Regulations, 45 CFR Part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. In addition to other applicable committees, Indian Health Services (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

##### *Letters of Intent*

Although it is not a prerequisite to apply, potential applicants are encouraged to submit a non-binding letter of intent to the Grants Management Officer (whose address is given in the section titled "Application Submission and Deadline"). It should be postmarked on or before August 15,

1995. The letter should include a brief summary of the research proposal and the names and addresses of the principal investigators. This letter does not influence review or funding decisions. Rather, it enables CDC to effectively plan for the review.

#### Application Submission and Deadline

The original and five copies of the application PHS form 398 (OMB Number 0925-0001) or PHS form 5161-1 (OMB Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-16, Atlanta, Georgia 30305, on or before August 31, 1995. (Note: local governments may use PHS form 5161-1; however, PHS form 398 is preferred. If using PHS form 5161-1, submit an original and two copies to the address stated above.)

1. *Deadline:* Applications shall be considered as meeting the deadline if they are:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the objective review group.

(Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. *Late Applications:* Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

#### Where to Obtain Additional Information

A complete program description, information on application procedures, an application package and business management assistance may be obtained from: 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 300, Mailstop E-13, Atlanta, Georgia 30305, telephone (404)842-6521.

Programmatic technical assistance may be obtained from Audrey L. Burwell, Grants Coordinator, National Center for Health Statistics, Room 1100, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301)436-

7062 (E-mail address: AZB2@NCH11a.em.cdc.gov).

Please refer to Announcement Number 562 when requesting information and submitting an application.

Potential applicants may obtain a copy of "Healthy People 2000" (Full Report; Stock No. 017-001-00474-0) or "Healthy People 2000" (Summary Report; Stock No. 017-001-00473-1) referenced in the "Introduction" through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202)512-1800.

Information regarding the "Directory of Minority Health Data Resources of the Public Health Service" may be obtained from an information specialist at the Office of Minority Health Resource Center, P.O. Box 3733, Washington, DC 20013-7337, telephone 1-800-444-6472.

Information regarding the "1992 NCVHS Annual Report and the Minority Health Statistics Grants Program Factsheet", "Setting a Research Agenda: Challenges for the Minority Health Statistics Grants Program", and "Race and Ethnic standards for Federal Statistics and Administrative Reporting" may be obtained from Sara Lewis, Program Analyst, National Center for Health Statistics, Room 1100, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301)436-7062 (E-mail address: SRD1@NCH11a.em.cdc.gov).

Dated: July 24, 1995.

**Joseph R. Carter,**

*Acting Associate Director for Management and Operations, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 95-18579 Filed 7-27-95; 8:45 am]

BILLING CODE 4163-18-P

**National Institutes of Health**

**Meeting of the National Advisory Council for Human Genome Research**

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the National Advisory Council for Human Genome Research, National Center for Human Genome Research, September 11 and 12, 1995, Embassy Suites Chevy Chase Pavilion, Chevy Chase I and II, 4300 Military Road NW., Washington, DC.

This meeting will be open to the public on Monday, September 11, from 8:30 a.m. to 11:30 a.m. to discuss administrative details or other issues relating to committee activities. Attendance by the public will be limited to space available.

In accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, the meeting will be closed to the public on September 11 at 11:30 a.m. to recess and on September 12 from 8:30 a.m. to adjournment, for the review, discussion and evaluation of individual grant applications. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Dr. Elke Jordan, Deputy Director, National Center for Human Genome Research, National Institutes of Health, Building 38A, Room 605, Bethesda, Maryland 20892, (301) 496-0844, will furnish the meeting agenda rosters of Committee members and consultants, and substantive program information upon request. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Jane Ades, (301) 402-2205, two weeks in advance of the meeting.

(Catalog of Federal Domestic Assistance Program No. 93.172, Human Genome Research.)

Dated: July 24, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-18529 Filed 7-27-95; 8:45 am]

BILLING CODE 4140-01-M

**National Center for Research Resources; Notice of Meeting of the National Advisory Research Resources Council and Its Subcommittee**

Pursuant to Pub. L. 92-463, notice is hereby given of the meeting of the National Advisory Research Resources Council (NARRC), National Center for Research Resources (NCRR), at the National Institutes of Health. This meeting will be open to the public as indicated below, to discuss program planning; program accomplishments; administrative matters such as previous meeting minutes; the report of the Director, NCRR; review of budget and legislative updates; and special reports or other issues relating to committee business. Attendance by the public will be limited to space available.

This meeting will be closed to the public as indicated below in accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92-463, for the review, discussion and evaluation of individual grant applications. The

applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Ms. Maureen Mylander, Public Affairs Officer, NCRR, National Institutes of Health, 1 Rockledge Center, Room 5146, 6705 Rockledge Drive, MSC 7965, Bethesda, Maryland 20892-7965, (301) 435-0888, will provide a summary of meeting and a roster of the members upon request. Other information pertaining to the meetings can be obtained from the Executive Secretary indicated. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Executive Secretary in advance of the meeting.

*Name of Committee:* The Subcommittee on Planning of the National Advisory Research Resources Council.

*Executive Secretary:* Louise Ramm, Ph.D., Deputy Director, National Center for Research Resources, Building 12A, Room 4011, Bethesda, MD 20892, Telephone: (301) 496-6023.

*Place of Meeting:* National Institutes of Health, 9000 Rockville Pike, Conference Room 3B41, Building 31B, Bethesda, Maryland 20892.

*Open:* September 7, 7:30 a.m.-8:45 a.m.

*Name of Committee:* National Advisory Research Resources Council.

*Place of Meeting:* National Institutes of Health, 9000 Rockville Pike, Conference Room 10, Building 31C, Bethesda, Maryland 20892.

*Open:* September 7, 9 a.m. until recess.

*Closed:* September 8, 8 a.m. until 9:30 a.m.

*Open:* September 8, 9:30 a.m. until adjournment.

(Catalog of Federal Domestic Assistance Program Nos. 93.306, Laboratory Animal Sciences and Primate Research; 93.333, Clinical Research; 93.337, Biomedical Research Support; 93.371, Biomedical Research Technology; 93.389, Research Centers in Minority Institutions; 93.198, Biological Models and Materials Research; 93.167, Research Facilities Improvement Program; 93.214 Extramural Research Facilities Construction Projects, National Institutes of Health.)

Dated: July 24, 1995.

**Susan K. Feldman,**

*Committee Management Officer, NIH.*

[FR Doc. 95-18534 Filed 7-27-95; 8:45 am]

BILLING CODE 4140-01-M