

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of a Cooperative Agreement With the Summit Health Institute for Research and Education, Inc.

The Office of Minority Health (OMH), Office of Public Health and Science, announces that it will enter into an umbrella cooperative agreement with the Summit Health Institute for Research and Education, Inc. (SHIRE). This cooperative agreement is an umbrella cooperative agreement and will establish the broad programmatic framework in which specific projects can be supported by various agencies during the project period.

The purpose of this cooperative agreement is to assist SHIRE to expand and enhance its technical assistance, information dissemination, networking, health services research and program evaluation activities. These activities will maximize the beneficial impact of Government policies and programs with respect to African Americans, particularly health care consumers. It is anticipated that future activities will focus on programs and policies aimed at improving the overall health status of African Americans in order to eliminate the health gaps that exist between African Americans and other racial/ethnic groups. OMH will provide consultation, including administrative and technical assistance as needed, for the execution and evaluation of all aspects of this cooperative agreement. OMH will also participate and/or collaborate with the awardee in any workshops or symposia to exchange current information, opinions and research findings during this agreement.

Authorizing Legislation

The cooperative agreement is authorized under Section 1707(d)(1) of the Public Health Service Act.

Background

Assistance will be provided only to Summit Health Institute for Research and Evaluation, Inc. (SHIRE). No other applications are solicited. OMH believes SHIRE is uniquely qualified to accomplish the objectives of this cooperative agreement because it:

1. Serves as the principal resource and technical advisor to the National Black Caucus of Elected Officials and the National Association of Black County Officials with respect to managed care, particularly Medicaid managed care;
2. Works closely with community based organizations to increase the

knowledge and participation of African Americans concerning Medicaid and managed care;

3. Currently is working with community-based organizations to implement the Children's Health Insurance Program;
4. Has a high level of experience in organizing health consumers, providers, community-based organizations and faith institutions to ensure that African American beneficiaries participate more fully in Federal/state-funded health-related programs;
5. Provides technical assistance to state-wide associations regarding implementation of state and Federal programs (e.g., Medicaid 1115 Waivers);
6. Collaborates with non-governmental organizations in the development of tracking technology designed to prevent fraud and abuse, as well as systems to follow patients from one medical facility to another and from one payment status to another;
7. Prepares the annual publication of resource documents for African American groups, organizations and individuals involved in health-related issues. SHIRE has conducted and compiled results of research on current Federal and state programs and policy issues; the role and functions of key Federal agencies; available information on African American health care providers and consumers; quality, cost, utilization and insurance data; national and state trends; community-based initiatives and available resources; and recent mortality and morbidity statistics.

This cooperative agreement will be awarded for a 12-month budget period within a project period of 5 years. Depending upon the types of projects and availability of funds, it is anticipated that this cooperative agreement will receive approximately \$50,000 to \$100,000. Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Where to Obtain Additional Information

If you are interested in obtaining additional information regarding this project, contact Ms. Georgia Buggs, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852 or telephone (301) 443-5084.

Dated: September 4, 1998.

Tuei Doong,

Deputy Director, Office of Minority Health.
[FR Doc. 98-24755 Filed 9-15-98; 8:45 am]
BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.
ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) has made a final finding of scientific misconduct in the following case:

George A.S. Park, M.S., Wadsworth Center, New York State Department of Health: Based on Mr. Park's own admission, information obtained by the Office of Research Integrity (ORI) during its oversight review, and a report prepared by the Wadsworth Center, New York State Department of Health, dated October 23, 1997, and accepted by the University at Albany, State University of New York, the awardee institution, ORI found that Mr. Park, former research technician, Wadsworth Center, New York State Department of Health, engaged in scientific misconduct in research supported by a grant from the National Institute of Environmental Sciences (NIEHS), National Institutes of Health (NIH). ORI acknowledges Mr. Park's cooperation with the Wadsworth Center.

Specifically, Mr. Park falsified high pressure liquid chromatography data. The data were collected over an eight-month period in connection with a project to demonstrate the estrogen-like neurochemical and reproductive effects of the major metabolite of 3,4,3',4'-Tetrachlorobiphenyl. The falsified data were presented at the Dioxin '97 conference in Indianapolis, Indiana, in August 1997 and published with the conference proceedings in *Organohalogen Compounds* 34:125-128 (1997). The conference organizer was notified of the falsifications in the presented data and published abstract.

Mr. Park has accepted the ORI finding and has entered into a Voluntary Exclusion Agreement with ORI in which he has voluntarily agreed, for the three (3) year period beginning August 31, 1998:

(1) To exclude himself from serving in any advisory capacity to the Public Health Service (PHS), including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That any institution that submits an application for PHS support for a research project on which his participation is proposed or which uses him in any capacity on PHS supported research, or that submits a report of