

Humphrey Building, 200 Independence Avenue, S.W., Washington, DC 20201, (202) 401-6295.

SUPPLEMENTARY INFORMATION:

Background

In 1979, the Department of Health and Human Services began an initiative to use health promotion and disease prevention objectives to improve the health of people living in the United States. The first set of national health targets was published that year in *Healthy People: the Surgeon General's Report on Health Promotion and Disease Prevention*, which included five goals to be achieved by 1990 to reduced mortality among four different age groups and increase independence among older adults. The goals were supported by objectives that were released in 1980, also with 1990 targets.

This national health agenda has since been reformulated in each succeeding decade. *Healthy People 2000*, the second national prevention initiative, reflected the progress and experience of ten years, as well as an expanded science base and surveillance system. With the collaboration of an extensive network of voluntary and professional organizations, businesses, and individuals, the framework of *Healthy People 2000* was designed with three broad goals—increasing the span of healthy life, reducing health disparities, and achieving access to clinical preventive services. To help meet those goals, over 300 objectives with targets, organized into 22 priority areas, aimed to achieve improvements in health status, risk reduction, and service delivery. The most recent data available show that about 60 percent of the objectives had either met their target or were progressing toward the target.

The challenges and successes of the *Healthy People 2000* initiative have served as the starting points for *Healthy People 2010*. While its framework is based on the initiatives of the previous two decades, *Healthy People 2010* differs from previous efforts. The initiative has grown to 28 focus areas and 467 objectives. The two overarching goals are: (1) Increase quality and years of healthy life; and (2) eliminate health disparities. *Healthy People 2010* acknowledges that the many national advances in health have not been enjoyed equally by all demographic groups in the United States. It calls for the elimination of these disparities over the next ten years.

Citation in Announcements

References to the national health promotion initiative appear in numerous program announcements of

the Department of Health and Human Services. Examples of such citations, updated to reflect the transition to *Healthy People 2010*, include but are not limited to the following (superseded text in brackets):

“The (Agency name) is committed to achieving the health promotion and disease prevention objectives of *Healthy People 2010* [2000], a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the *Healthy People 2010* [2000] focus [priority] area(s) (one or more of 28 areas). . . .”

“The following additional requirements are applicable to this program. (Listed sequentially from AR-1 *et seq.* if applicable) AR-11 *Healthy People 2010* [2000]”

“Potential applicants may obtain a copy of the *Healthy People 2010* [2000] objectives from/by * * * (with ordering instructions as provided in the following paragraph).”

Availability of Documents

Volumes I and II of *Healthy People 2010: Conference Edition* (B0074) are for sale at \$22 per set by the ODPHP Communication Support Center, P.O. Box 37366, Washington, D.C. 20013-7366. Each of the 28 chapters of *Healthy People 2010* is priced at \$2 per copy. Telephone orders can be placed to the Center on (301) 468-5690. The Center also sells the complete Conference edition in CD-ROM format (B0071) for \$5.

This publication is available as well on the Internet at www.health.gov/healthypeople. Web site viewers should proceed to “Publications”.

Dated: May 8, 2000.

David Satcher,

Assistant Secretary for Health and Surgeon General.

[FR Doc. 00-12183 Filed 5-15-00; 8:45 am]

BILLING CODE 4160-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Committee on Vital and Health Statistics: Meeting

Pursuant to the Federal Advisory Committee Act, the Department of Health and Human Services announces the following advisory committee meeting.

Name: National Committee on Vital and Health Statistics (NCVHS), *Joint Meeting*, Subcommittee on Standards and Security, and Workgroup on Computer-based Patient Records.

Time and Date: 9 a.m. to 5 p.m., June 1, 2000; 9 a.m. to 1 p.m., June 2, 2000.

Place: Room 505A, Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D.C. 20201.

Status: Open.

Purpose: The Subcommittee and Working Group will discuss its report to the HHS Secretary on standards for patient medical records information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Subcommittee will finalize the report and approve it for transmission to the full NCVHS. The Subcommittee will also discuss plans for upcoming hearings.

Notice: In the interest of security, the Department has instituted stringent procedures for entrance to the Hubert H. Humphrey building by non-government employees. Thus, persons without a government identification card will need to have the guard call for an escort to the meeting.

Contact Person for More Information: Substantive program information as well as summaries of meetings and a roster of committee members may be obtained from J. Michael Fitzmaurice, Ph.D., Senior Science Advisor for Information Technology, Agency for Health Care Research and Quality, 2101 East Jefferson Street #600, Rockville, MD 20852, phone: (301) 594-3938; or Marjorie S. Greenberg, Executive Secretary, NCVHS, National Center for Health Statistics, Centers for Disease Control and Prevention, Room 1100, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782, telephone (301) 458-4245. Information also is available on the HCVHS home page of the HHS website: <http://www.ncvhs.hhs.gov/> where an agenda for the meeting will be posted when available.

Dated: May 9, 2000.

James Scanlon,

Director, Division of Data Policy, Office of the Assistant Secretary for Planning and Evaluation.

[FR Doc. 00-12182 Filed 5-5-00; 8:45 am]

BILLING CODE 4151-05-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00088]

Health Promotion and Disease Prevention for Rhode Island Senior Citizens; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a grant program entitled “Health Promotion and Disease Prevention for Rhode Island Senior Citizens”. CDC is committed to achieving the health promotion and disease prevention objectives of

“Healthy People 2010,” a national activity to reduce the morbidity and mortality and improve the quality of life. This announcement is related to the focus area of Educational and Community-Based Programs. For the conference copy of “Healthy People 2010”, visit the internet site: <<http://www.health.gov/healthypeople>>.

The purpose of the program is to create and evaluate a model for health outreach and health promotion for senior citizen communities that can be applied around the nation. This model will be created through a community partnership between the Roger Williams Medical Center and the New England Association of Labor Retirees.

B. Eligible Applicants

Assistance will be provided only to the Roger Williams Medical Center, Providence, RI. No other applications are solicited. This sole source solicitation is based on the Conference Report [H.R. Rep. 10-470, at 599 (1999)] to the Consolidated Appropriations Act, 2000, Public Law 106-113, which earmarks funding for the Roger Williams Medical Center in Providence, Rhode Island, to collaborate with the New England Association of Labor Retirees on a program emphasizing the early detection of diseases among seniors.

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract loan, or any other form.

C. Availability of Funds

Approximately \$607,411 is available in FY 2000 to fund the Roger Williams Medical Center in Providence, Rhode Island. It is expected that the award will begin on or about August 1, 2000, and will be made for a 12-month budget period within a project period of one year. Funding estimates may change.

D. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following:

1. Create a health promotion model with objectives that illustrates a population screening strategy for Rhode Island seniors with follow-up strategies for health promotion and health maintenance.

2. Conduct and evaluate one or more demonstration projects in health promotion and disease prevention or preventive health services, or both, in defined communities or targeted populations. Revise the health

promotion model based on outcomes of the demonstration project.

3. Establish an advisory committee to provide input on major program activities. The committee should be comprised of experts in health promotion/disease prevention and evaluation research arena. Committee members could include experts from health-care providers, local health departments, voluntary health organizations, senior citizens, and academic institutions.

4. Establish collaborative activities with appropriate organizations, individuals, State health, education, and mental health agencies such as the Rhode Island Department of Public Health, the American Cancer Society, Senior Citizens Associations and local media, *etc.*, to implement and evaluate the proposed activities.

5. Coordinate and collaborate with other Public Health Service (PHS) supported research programs to prevent duplication and enhance overall efforts.

E. Application Content

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow the criteria when creating your program plan. The narrative should be no more than 20 double-spaced pages, printed on one side, with one inch margins, and un-reduced font.

F. Submission and Deadline

Submit the original and five copies of the application PHS Form 398 (OMB Number 0925-0001) (adhere to the instructions on the Errata Instruction Sheet for PHS 398). Forms are available in the application kit. Submit the application on or before June 30, 2000, to the Grants Management Specialist identified in Section J., “Where to Obtain Additional Information”.

Deadline: The application shall be considered as meeting the deadline above if it is either:

- (a) Received on or before the deadline date; or
- (b) Sent on or before the deadline date.

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

G. Evaluation Criteria

The application will be evaluated based on the following criteria by an

independent review panel appointed by CDC.

Background (10 Points)

The extent to which the applicant demonstrates an understanding of the current scientific literature and theories relevant to the proposed activities.

Program Plan (50 Points)

1. The extent to which the overall program plan has clear objectives that are specific, measurable, and realistic. (8 points)

2. The extent to which the target population(s) are well-specified and consistent with the proposed objectives. (8 points)

3. The extent to which the proposed program activities are well-specified, achievable, time-phased, and consistent with the proposed objectives. (12 points)

4. The extent to which the proposed research methods (*e.g.*, participant recruitment, data collection, outcome measures, data analyses, *etc.*) are clear and appropriate, have scientific merit, and are consistent with proposed objectives and activities. (12 points)

5. The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic and racial groups in the proposed research. This includes:

- a. The proposed plan for the inclusion of both sexes and racial and ethnic minority populations for appropriate representation.

- b. The proposed justification when representation is limited or absent.

- c. A statement as to whether the design of the study is adequate to measure differences when warranted. (10 points)

Evaluation Plan (15 Points)

The quality of the plan to evaluate the overall project as well as specific program activities in regard to progress, efficacy, and cost benefits.

Collaboration (15 Points)

1. The extent to which the applicant has described a plan for establishing and gathering input from an advisory committee with expertise critical to the success of the project.

2. The extent to which the applicant has described a plan for establishing collaborative relationships with appropriate organizations, individuals, State health, education and mental health agencies to implement and evaluate the proposed activities.

Management and Staffing Plan (10 Points)

The extent to which the applicant demonstrates the scientific expertise

and capacity to carry out the program objectives and specific project plan.

Budget (Reviewed But Not Scored)

The extent to which the budget and justification are consistent with program objectives and purpose.

Human Subjects (Reviewed But Not Scored)

Does the application adequately address the requirements of Title 45 CFR part 46 for the protection of human subjects?

H. Other Requirements

Technical Reporting Requirements

Provide CDC with original plus two copies of:

1. Progress reports (annual);
2. Financial status report, not more than 90 days after the end of the budget period; and
3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in Section J., "Where to Obtain Additional Information".

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

- AR-1 Human Subjects Requirements
- AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
- AR-7 Executive Order 12372 Review
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke-Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under section 301(a) [42 U.S.C. 241(a)] of the Public Health Service Act, as amended. The Catalog of Federal Domestic Assistance number is 93.283.

J. Where To Obtain Additional Information

If you have questions after reviewing the contents of all the documents, business management assistance may be obtained from: Robert Hancock, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 00088, Centers for Disease Control and Prevention (CDC), Room 3000, 2920

Brandywine Road, Atlanta, GA 30341-4146, telephone (770) 488-2746, E-mail address: RNH2@cdc.gov.

This and other CDC announcements can be found on the CDC home page internet address: <http://www.cdc.gov>.

For program technical assistance, contact: Lynda Doll, Ph.D., Program Director, Prevention Research Centers Office, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), 4770 Buford Highway, NE., Atlanta, GA 30341-3724, telephone 404-488-5395, E-mail address: LSD1@cdc.gov.

Dated: May 10, 2000.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00-12241 Filed 5-15-00; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00046]

Integration of Viral Hepatitis Prevention Services Into Existing Prevention Programs; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2000 funds for a cooperative agreement program for integration of viral hepatitis prevention services into existing prevention programs. CDC is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2010", a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus areas of Immunization and Infectious Diseases. For the conference copy of "Healthy People 2010", visit the internet site <http://www.health.gov/healthypeople>.

The purpose of the program is to develop strategies and guidance for integrating recommended viral hepatitis prevention and control services for persons at high risk for infection into existing settings that provide public health services and to improve public health service delivery by integrating viral hepatitis with existing prevention services to reach persons at high risk for disease. This announcement is intended to support implementation and

evaluation of integrating currently recommended prevention activities for viral hepatitis (including hepatitis A and hepatitis B vaccination) into existing disease prevention programs, with the primary intent to improve delivery of established prevention services that may directly benefit clients served by these programs.

B. Eligible Applicants

Limited Competition

Because of the requirement that viral hepatitis services be integrated with existing state or local public health programs, assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia and the cities of Philadelphia, New York City, San Francisco, Los Angeles, Houston, Chicago, and Baltimore, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In consultation with States, assistance may be provided to political subdivisions of States.

C. Availability of Funds

Approximately \$800,000 is available in FY 2000 to fund approximately four awards. It is expected that the average award will be \$200,000, ranging from \$150,000 to \$400,000. It is expected that the awards will begin on or about September 30, 2000, and will be made for a 12-month budget period within a project period of up to three years. The funding estimate may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Funding Preferences

Preference will be given to programs that deliver or provide oversight for public health services to populations in which a high proportion (1000 to 3000 individuals with identifiable risk factors for viral hepatitis are likely to be infected with hepatitis C virus (HCV).

Such programs include STD Clinics, HIV/AIDS counseling/testing sites, correctional settings and providers of services to injection drug users. Also to ensure geographic diversity, additional consideration will be given to the location of the program based on the region of the U.S. (Northeast, southeast, northwest, southwest, north central, and south central states). Finally, to ensure