

Public Health System Reporting Requirements

This program is subject to the Public Health Systems Reporting Requirements. Under these requirements, a community-based non-governmental applicant must prepare and submit a Public Health System Impact Statement (PHSIS). The PHSIS is intended to provide information to State and local health officials to keep them apprized on proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit, no later than the Federal due date for receipt of the application, the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted: (a) A copy of the face page of the application (SF 424); and (b) a summary of the project (PHSIS), not to exceed one page, which provides: (1) A description of the population to be served; (2) a summary of the services to be provided; and (3) a description of the coordination planned with State or local health agencies. Copies of the letters forwarding the PHSIS to these authorities must be contained in the application materials submitted to the Office of the Surgeon General.

State Reviews

This program is subject to the requirements of Executive Order 12372 which allows States the option of setting up a system for reviewing applications from within their States for assistance under certain Federal programs. The application kit available under this notice will contain a list of States which have chosen to set up a review system and will include a State Single Point of Contact (SPOC) in the State for review. Applications (other than federally recognized Indian tribes) should contact their SPOCs as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC of each affected State. The due date for State process recommendations is 60 days after the application deadline established by the OMH Grants Management Officer.

The Office of the Surgeon General does not guarantee that it will accommodate or explain its responses to State process recommendations received after that date. (See "Intergovernmental Review of Federal Programs" Executive Order 12372 and 45 CFR part 100 for a

description of the review process and requirements).

Provision of Smoke-Free Workplaces and Non-Use of Tobacco Products by Recipients of PHS Grants

HHS strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care, or early childhood development services are provided to children.

Definitions

For the purposes of this small-grant program, the following definitions are provided:

Citizen Corps Council: A Citizen Corps Council established at the community or county level within the overall frame work of the Citizen Corps, USA Freedom Corps. The Citizen Corps Council structure falls within the overall purview of FEMA.

Community-based: The focus of control and decision making powers are located at the community level, representing the service area of the community or a significant segment of the community.

County-based: The focus of control and decision making powers, insofar as the scope of this program is concerned, are located at the county level, representing the service area of the county or a significant segment of the county.

Non-governmental organization (NGO): A nonprofit, non-governmental organization having 501(c)(3) status.

Office of Minority Health (OMH): The Office of Minority Health, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services, which is serving as the great management organization for this announcement.

Dated: July 17, 2002.

Kenneth P. Moritsugu,

RADM, Acting Surgeon General, Public Health Service.

[FR Doc. 02-18375 Filed 7-18-02; 8:45 am]

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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) and the Assistant Secretary for Health have taken final action in the following case:

Michael Shishov, M.D., Brigham and Women's Hospital, Inc. (BWH): Based on the report of an investigation conducted by Brigham and Women's Hospital, Inc. (BWH Report), the respondent's admission, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that the respondent, a former laboratory technician in the Intensive Physiological Monitoring Unit of the BWH General Clinical Research Center, engaged in scientific misconduct in a program of sleep disorder research supported by the National Institutes of Health (NIH) under National Center for Research Resources (NCRR), NIH, grant M01 RR02635.

Specifically, PHS found, and the respondent admitted, that on numerous occasions between May and August 1995, he registered on the Termiflex-computer terminal, as well as writing in hand on blood draw sheets and laboratory logs, the times that he claimed he drew blood samples from human subjects in investigational sleep research. These times differed from the actual times when the samples were collected. The accurate assessment of the endogenous circadian phase and amplitude of the measured variables, including the timing and amount of blood cortisol, was essential for the studies. However, PHS acknowledges certain mitigating circumstances: (a) That occasionally during this time, the respondent may have been responsible for more protocol procedures than he could reasonably be expected to perform; and (b) that the BWH Report notes that he was respectful and honest during the investigation and that he has participated conscientiously in a program of professional ethics counseling. Therefore, PHS accepts the administrative actions previously imposed by BWH and performed by the respondent: (1) Attending an ORI conference on research misconduct; and (2) participating in ethics counseling over a three-year period.

Dr. Shishov has entered into a Voluntary Exclusion Agreement in which he has voluntarily agreed to exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for

a period of three (3) years, beginning on July 2, 2002.

FOR FURTHER INFORMATION CONTACT:
Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. 02-18239 Filed 7-18-02; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Notice of Meeting

In accordance with section 10(d) of the Federal Advisory Committee Act (5 U.S.C., Appendix 2), announcement is made of a Health Care Policy and Research Special Emphasis Panel (SEP) meeting.

The Health Care Policy and Research Special Emphasis Panel is a group of experts in fields related to health care research who are invited by the Agency for Healthcare Research and Quality (AHRQ), and agree to be available, to conduct, on an as needed basis, scientific reviews of applications for AHRQ support. Individual members of the Panel do not meet regularly and do not serve for fixed terms or long periods of time. Rather, they are asked to participate in particular review meetings which require their type of expertise.

Substantial segments of the upcoming SEP meeting listed below will be closed to the public in accordance with the Federal Advisory Committee Act, section 10(d) of 5 U.S.C., Appendix 2 and 5 U.S.C. 552b(c)(6). Grant applications for Large Conference Grant Awards are to be reviewed and discussed at this meeting. These discussions are likely to include personal information concerning individuals associated with these applications. This information is exempt from mandatory disclosure under the above-cited statutes.

SEP Meeting on: Large Conference Grant Projects.

Date: July 22, 2002 (Open on July 22, from 2:30 p.m. to 2:40 p.m. and closed for remainder of the teleconference meeting).

Place: Agency for Healthcare Research and Quality, 2101 East Jefferson Street, 4th Floor, ORREP, 4W5, Division of Scientific Review, Rockville, MD 20852.

Contact Person: Anyone wishing to obtain a roster of members or minutes

of this meeting should contact Mrs. Bonnie Campbell, Committee Management Officer, Office of Research Review, Education and Policy, AHRQ, 2101 East Jefferson Street, Suite 400, Rockville, Maryland 20852, Telephone (301) 594-1846.

“This notice is being published less than 15 days prior to the July 22 meeting due to the time constraints of reviews and funding cycles.”

Agenda items for this meeting are subject to change as priorities dictate.

Dated: July 15, 2002.

Carolyn M. Clancy,

Acting Director.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02130]

Cooperative Agreement With National Organizations for Promoting Health and Preventing Disease and Disability With Employer-Purchasers of Health Care; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2002 funds for a cooperative agreement program with National Organizations for Promoting Health and Preventing Disease and Disability, and improving healthy behaviors. This program addresses all “Healthy People 2010” focus areas.

The purpose of the program is to support cross-cutting activities with national business organizations and their affiliated employer-purchasers of health care to improve health, prevent disease and disability, and promote healthy behaviors with regard to a variety of disease areas and health conditions. It’s purpose is to also promote the objectives outlined in The Guide for Community Preventive Services (<http://www.thecommunityguide.org>) and other clinical and preventive services guidelines, through the translation and communication of public health principles and prevention practices into readily interpretable and applicable information for employer-purchasers of health care.

Program Emphasis

There are two broad areas of program emphasis:

1. Prevention of chronic disease and integrated chronic disease care, with a special focus on preventing, identifying and managing co-morbidities of chronic illness and the special needs of chronically ill populations.

2. Prevention of acute and chronic health conditions, diseases, concerns and issues that affect women.

In addition, applicants should ensure that their proposals address reducing health status disparities within employed populations. More specifically, address the persistent problem that, even with health insurance, certain racial and ethnic subpopulations bear a significantly greater burden of suffering, particularly from chronic disease.

Measurable outcomes of the program will be in alignment with the following performance goal for the CDC Epidemiology Program Office: Maximize the distribution and use of scientific information and prevention strategies through collaborative efforts with national business organizations and their affiliated members.

B. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under sections 301 and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241 and 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.283.

C. Eligible Applicants

Applications will be accepted from national, nonprofit organizations that provide documented proof of meeting the following criteria in the “Eligibility” section of the application:

1. Be an established tax-exempt organization (i.e., a non-governmental, tax-exempt corporation or association whose net earnings in no way accrue to the benefit of private shareholders or individuals). Tax-exempt status may be confirmed by providing a copy of the relevant pages from the Internal Revenue Service’s (IRS) most recent list of 501(c) (3) or (6) tax exempt organizations or a copy of the current IRS Determination Letter. Proof of tax-exempt status must be provided with the application.

2. Have a membership composed primarily of small, medium, or large, private employers with multi-state and/or national operations.

Note: Title 2 of the United States Code section 1611 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 or loan.