

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.
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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) 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

PHS-funded research in which he is involved, must concurrently submit a plan for supervision of his duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of Mr. Park's research contribution. The institution also must submit a copy of the supervisory plan to ORI.

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

Chris B. Pascal,

Acting Director, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[INFO-98-28]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and

Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 639-7090.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques for other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project

1. Diabetes Today National Training Center. A contract to refine, present, and evaluate a diabetes training course—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, proposes to conduct a

training center. Diabetes is a complex chronic disease. The successful management of this disease requires a comprehensive support system that includes proper medical treatment, behavior and lifestyle changes that maintain recommended blood glucose levels, blood pressure, weight and physical activity, and community awareness and programs that facilitate the adoption of these behaviors.

The National Centers for Disease Control and Prevention, Division of Diabetes Translation has developed and presented a training course for health professionals and community leaders to provide training and follow-up in implementing community activities to control diabetes. The course, Diabetes Today, is a structured curriculum that incorporates principles of community organization, community health education and adult learning in a training program for health professionals. This contract will provide, revise, and evaluate Diabetes Today in the continental United States, Puerto Rico and the Virgin Islands. Focus groups will be conducted to evaluate the effectiveness of the training course and to determine needs in communities. Most of those in the focus groups will be participants in the training courses. The data will not be available from any other source. There is no cost to respondents.

Respondents	No. of respondents	No. of responses/respondent	Average burden response (in hrs.)	Total burden (in hrs.)
Bilingual public health workers	*10	1	1	10
Participants in Diabetes Today trainings	*20	1	1	20
Total				30

*Estimates. Contractor will develop instruments and arrange focus groups.

2. Diabetes Today, Regional Training Center. A contract to adapt a diabetes training program to the needs of Hawaii and the Pacific Basin—New—The National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation, proposes to conduct a training center. Diabetes is a complex chronic disease. The successful management of this disease requires a comprehensive support system that includes proper medical treatment, behavior and lifestyle changes to maintain recommended blood glucose levels,

blood pressure, weight and physical activity, and community awareness and programs that facilitate the adoption of these behaviors.

The National Centers for Disease Control and Prevention, Division of Diabetes Translation, has developed and presented a training course for health professionals and community leaders to provide training and follow-up in implementing community activities to control diabetes. Most of this activity has taken place in the Continental United States. A contract has been offered to adapt this material to the

cultures of Hawaii and the Pacific Basin. Focus groups will be conducted to determine needs in diabetes education and to adapt the course to the needs of individual Pacific cultures. Focus group data will be analyzed using accepted, content analysis methods. Evaluation will be conducted with the goal of providing culturally relevant training in community organization to reduce the burden of diabetes in the Pacific Region. The information developed is not available from other sources. There is no cost to respondents.