

which includes Statement of Unmet Need, local and other relevant epidemiological data, availability of current HIV health care including oral health services, and a description of proposed population and community to be served.

### Program Requirements

The dental education program will be the official grantee of record, but applications must reflect joint efforts and represent collaboration among all partners. As part of the partnership program, applicants will be required to:

- (1) document formal written partnership agreements;
- (2) provide oral health care through student and resident rotations in community-based dental facilities;
- (3) enable the participation of community-based dental providers as adjunct faculty;
- (4) provide supervision and training in a clinically-based educational experience for predoctoral students, postdoctoral students and dental residents, and dental hygiene students; and
- (5) provide preparatory training to enable students and community-based faculty to provide competent oral health care for patients with HIV.

### Eligible Applicants

Accredited dental schools, postdoctoral dental education programs, and dental hygiene education programs in the United States, including Puerto Rico are eligible to participate in the program.

### Funding Priorities and/or Preferences

In awarding these grants, preference will be given to applicant partnerships in both rural and urban areas that are currently unserved, especially communities without dental education programs. Eligible applicants are encouraged to collaborate with community-based and/or faith-based organizations that currently provide or plan to provide oral health services.

### Authorizing Legislation

The Community-Based Dental Partnership Program is authorized by the Public Health Service (PHS) Act, as amended by Public Law 106-345, the Ryan White CARE Act and Amendments of 2000 (42 U.S. Code 300-71).

### Availability of Funds

Approximately \$3.5 million is available to fund this initiative. HRSA anticipates funding up to 20 dental education programs for 3 years. The budget and project periods for approved and funded projects will begin on or about September 1, 2002. Continuation

awards within the 3-year project period will be made on the basis of progress toward achieving program goals, and the availability of funds.

### Application Deadline

Applications are to be submitted via mail to the HRSA Grants Application Center (GAC) on or before close of business June 14, 2002. Applications will meet the deadline if they are either (1) received on or before the deadline date or (2) postmarked on or before the deadline date, and received in time for submission to the objective review panel. A legible dated receipt from a commercial carrier or U.S. Postal Service will be accepted instead of a postmark. Private metered postmarks will not be accepted as proof of timely mailing.

### Obtaining Application Guidance and Kit

You may access the program guidance alone on HRSA's Web site at [www.hrsa.hab.gov/grants.html](http://www.hrsa.hab.gov/grants.html).

The official grant application kit and program guidance for this announcement may be obtained from the HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, MD 20879, Attn: CFDA 93.924; telephone 1-877-477-2234; e-mail address [HRSA.GAC@hrsa.gov](mailto:HRSA.GAC@hrsa.gov).

**FOR FURTHER INFORMATION CONTACT:** Additional information related to the program may be requested by contacting the Program Development Branch, Division of Community-Based Programs, HIV/AIDS Bureau, Health Resources and Services Administration; telephone (301) 443-2177.

Dated: April 12, 2002.

**Elizabeth M. Duke,**  
Administrator.

[FR Doc. 02-9617 Filed 4-18-02; 8:45 am]

BILLING CODE 4165-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Maternal and Child Health Federal Set-Aside Program; Special Projects of Regional and National Significance; Integrated Comprehensive Women's Health Services in State MCH Programs Grant Program

**AGENCY:** Health Resources and Services Administration, HHS.

**ACTION:** Notice of availability of funds.

**SUMMARY:** The Health Resources and Services Administration (HRSA) announces that approximately \$600,000

in fiscal year (FY) 2002 funds is available to fund up to 6 grants to establish a locus of responsibility for women's health in State MCH Programs. The purpose of this grant program (CFDA Number 93.110AK) is to improve the coordination of women's health services at the State level through the development of linkages and partnerships among community-based organizations, academic institutions, federal, state, and local agencies. Infrastructure development is essential to overcome fragmentation in the delivery of health care services to women, to ensure that they have access to comprehensive, coordinated care that includes, in addition to reproductive health services, preventive services, education and counseling, referrals, and follow up. Eligibility is open to any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b). Awards will be made under the program authority of section 501(a)(2) of the Social Security Act, the Maternal and Child Health (MCH) Federal Set-Aside Program (42 USC 701(a)(2)). Funds for these awards were appropriated under Public Law 107-116. Projects will be approved for a three-year period, with awards averaging about \$100,000 for the first year. Funding after the initial year is contingent upon the availability of funds.

**DATES:** Applicants are expected to notify MCHB's Division of Perinatal Systems and Women's Health of their intent to apply by May 10, 2002. The deadline for receipt of applications is June 17, 2002. Applications will be considered "on time" if they are complete and either received on or before the deadline date or postmarked on or before the deadline date. The projected award date is September 1, 2002.

**ADDRESSES:** To receive a complete application kit, applicants may telephone the HRSA Grants Application Center at 1-877-477-2123 (1-877-HRSA-123) beginning April 26, 2002, or register on-line at: <http://www.hrsa.gov/>, or by accessing [http://www.hrsa.gov/\\_order3.htm](http://www.hrsa.gov/_order3.htm) directly. This program uses the standard form PHS 5161-1 (rev. 7/00) for applications (approved under OMB No. 0920-0428). Applicants must use the appropriate Catalog for Federal Domestic Assistance (CFDA) number when requesting application materials. The CFDA is a Government-wide compendium of enumerated Federal programs, projects, services, and activities that provide assistance. The

CFDA Number for the Integrated Comprehensive Women's Health Services in State MCH Programs Grant Program is 93.110AK. All applications should be mailed or delivered to: Grants Management Officer (MCHB), HRSA Grants Application Center, 901 Russell Avenue, Suite 450, Gaithersburg, Maryland, 20879, telephone: 1-877-HRSA-123 (1-877-477-2123), e-mail: [hrsagac@hrsa.gov](mailto:hrsagac@hrsa.gov).

This application guidance and the required forms for the Integrated Comprehensive Women's Health Services in State MCH Programs Grant Program may be downloaded in either WordPerfect 6.1 or Adobe Acrobat format (.pdf) from the MCHB home page at <http://www.mchb.hrsa.gov/>. Please contact Joni Johns at 301-443-2088 or [jjohns@hrsa.gov](mailto:jjohns@hrsa.gov) if you need technical assistance in accessing the MCHB home page via the Internet.

**FOR FURTHER INFORMATION CONTACT:** Lisa R. King, M.A., 301-443-9739, e-mail: [lking@hrsa.gov](mailto:lking@hrsa.gov), (for questions specific to project activities of the program, program objectives, or the Letter of Intent described above); and Curtis Colston, 301-443-3438, e-mail: [ccolston@hrsa.gov](mailto:ccolston@hrsa.gov), (for grants policy, budgetary, and business questions).

#### **SUPPLEMENTARY INFORMATION**

#### **Integrated Comprehensive Women's Health Services in State MCH Programs—Background and Objectives**

Women's care is fragmented in its delivery, particularly with regard to the separation of reproductive and non-reproductive services. Women may have access to reproductive health care but not to comprehensive, coordinated care that includes preventive services, education and counseling, appropriate referrals and follow-up.

Fragmentation and lack of access to comprehensive, coordinated care is an even greater problem for minority and underserved women, many of whom do not have health insurance. In fact, women without health insurance are less likely to receive preventive care services than insured women. Yet, these women suffer disproportionately from disparities in health status, and have the greatest need for such services.

Adopting a broader approach to primary care for women could also be an efficient means of improving both women's health status and birth outcomes. Research suggests that infant and child health and development are strongly affected by women's preconceptional health status and health behaviors, and by women's general physical and psychological well-being in the immediate postpartum

period and beyond. This broader approach to women's health also offers the potential to expand knowledge and practice in many areas of health promotion and disease prevention for women, children, and families.

Many women's health experts have long advocated an expanded concept of women's health beyond reproductive health issues. Under the expanded definition being proposed, women's health would include both preservation of wellness and prevention of illness. This broader women's health framework (1) includes the screening, diagnosis and management of conditions that affect women exclusively, disproportionately, or manifest themselves differently in women, such as breast and cervical cancer; (2) addresses risky behaviors and environments that threaten the well-being of women such as injury and violence, and alcohol or substance abuse; and (3) addresses factors that affect women during their reproductive years and beyond.

State Title V programs are among the logical partners to improve systems of care for women. In many States, Title V programs have already begun to provide a variety of services for women beyond pregnancy-related care, including family planning services, preconception care, breast and cervical cancer screening, screening and treatment of sexually transmitted diseases and smoking cessation programs, but more needs to be done. Lifestyle programs such as nutrition, exercise, substance abuse prevention, domestic violence programs, and screening and treatment of depression are included in some Title V programs, but are not as well developed. Other areas in need of development include rape prevention/crisis services, developing a women's health agenda, women's preventive health services, and domestic violence. Encouragingly, Title V programs have begun to demonstrate recognition of the gaps in services and are already seeking ways to expand the service mix and provide continuity of care for women.

Infrastructure development is essential to the creation of a health care system that has the capacity to provide more comprehensive, gender-specific and culturally-competent health care for women, taking into account their different languages, cultures, and the complex and interrelated medical and psychosocial issues that affect them. Development of effective linkages should result in reduced fragmentation, enhanced coordination and cooperation across women's health programs, ensure access, and provide support for

infrastructure development in State MCH programs.

#### **Authorization**

Awards will be made under the program authority of section 501(a)(2) of the Social Security Act, the Maternal and Child Health (MCH) Federal Set-Aside Program (42 U.S.C. 701(a)((2)).

#### **Purpose**

The purpose of this program is to expand capacity in State MCH programs to improve women's health by establishing a locus of responsibility (or focal point) for the coordination of women's health through the development of linkages and partnership building with community-based organizations, academic institutions, federal, state, and local agencies. This focal point will also identify gaps and create an infrastructure for women's health services. Linkages will be created across programs, e.g., women's health, family planning, breast and cervical cancer, domestic violence/sexual assault, mental health, chronic disease, oral health, perinatal health, etc. Potential partners include organizations such as AMCHP, Association of Women's Health Obstetric and Neonatal Nurses (AWHONN), National Centers of Excellence in Women's Health, provider organizations (e.g., American College of Obstetricians and Gynecologists, American College of Nurse Midwives, Nurse Practitioners in Women's Health), private organizations, Federal agencies (e.g., HHS Office on Women's Health, Bureau of Primary Health Care's Office of Minority and Women's Health), state and local agencies, and other MCH provider organizations dedicated to promoting a women's health agenda and advancing the field of women's health through the delivery of coordinated services and systems, particularly in relation to health promotion/risk reduction behaviors.

The resulting integrated and coordinated system of care will facilitate the provision of comprehensive and continuous health services to women, particularly those who have limited access to preventive health services. The intent is to improve the overall health of women, children and families.

#### **Eligibility**

Any public or private entity, including an Indian tribe or tribal organization (as defined at 25 U.S.C. 450b) is eligible to apply. State and Territorial MCH Title V agencies, tribal health agencies or their designees are especially encouraged to apply. Under the President's initiative, faith-based

organizations that are otherwise eligible and believe they can contribute to HRSA's program objectives are urged to consider this initiative. There will be only one funded application per State.

#### Funding Level/Project Period

Approximately \$600,000 is available to support the award of 6 grants averaging approximately \$100,000 each in FY 2002, with a project period of up to three years. Funding beyond FY 2002 is contingent upon satisfactory performance, the availability of funds, and program priorities. The initial budget period is expected to be 12 months, with subsequent budget periods being 12 months each.

#### Review Criteria

In general, applications for this grant program will be reviewed on the basis of the extent to which they address the following criteria:

- (1) The extent to which the project will contribute to the advancement of maternal and child health and/or improvement of the health of children with special health care needs;
- (2) The extent to which the project is responsive to program objectives, requirements, priorities and/or review criteria for specific project categories, as published in program announcements or guidance materials;
- (3) Clarity and appropriateness of the budget and coordinated budget narrative;
- (4) The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel;
- (5) Clarity and strength of the letters of support or collaboration, particularly from the State Title V agency; and
- (6) The extent to which, insofar as practicable, the proposed activities, if well executed, are capable of attaining project objectives.

The final review criteria used to review and rank applications for the Integrated Comprehensive Women's Health Services in State MCH Programs grant program are included in the application kit. Applicants should pay strict attention to addressing these criteria, as they are the basis upon which their applications will be judged.

#### Paperwork Reduction Act

OMB approval for any data collection in connection with this cooperative agreement will be sought, as required under the Paperwork Reduction Act of 1995.

#### Public Health System Reporting Requirements

This program is subject to the Public Health System Reporting Requirements (approved under OMB No. 0937-0195). Under these requirements, the 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 of proposed health services grant applications submitted by community-based non-governmental organizations within their jurisdictions.

Community-based non-governmental applicants are required to submit the following information to the head of the appropriate State and local health agencies in the area(s) to be impacted no later than the Federal application receipt due date:

- (a) A copy of the face page of the application (SF 424).
- (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.
  - (3) A description of the coordination planned with the appropriate State and local health agencies.

#### Executive Order 12372

The MCH Federal Set-Aside program has been determined to be a program which is not subject to the provisions of Executive Order 12372 concerning intergovernmental review of Federal programs.

Dated: April 12, 2002.

**Elizabeth M. Duke,**

*Administrator.*

[FR Doc. 02-9618 Filed 4-18-02; 8:45 am]

**BILLING CODE 4165-15-P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### Health Resources and Services Administration

#### Advisory Commission on Childhood Vaccines (ACCV); Meeting

In accordance with section 10(a) (2) of the Federal Advisory Committee Act (Pub. L. 92-463), announcement is made of the following National Advisory body scheduled to meet during the month of June.

*Name:* Advisory Commission on Childhood Vaccines (ACCV).

*Date and Time:* June 6, 2002; 9 a.m.-3 p.m.

*Place:* Audio Conference Call and Parklawn Building, Conference Rooms D & E,

5600 Fishers Lane, Rockville, Maryland 20857.

The full ACCV will meet on Thursday, June 6, from 9 a.m. to 3 p.m. The public can join the meeting in person at the address listed above or by audio conference call by dialing 1-888-889-1954 on June 6 and providing the following information:

*Leader's Name:* Thomas E. Balbier, Jr.

*Password:* ACCV.

The agenda items for June 6 will include, but not limited to: A presentation of recommendations from the ACCV Workgroup on Legislative Proposals, a presentation on the Institute of Medicine's Report entitled "Possible Association Between Hepatitis B Vaccine and Neurological Disorders," and updates from the Division of Vaccine Injury Compensation, the Department of Justice, and the National Vaccine Program Office.

Persons interested in providing an oral presentation should submit a written request, along with a copy of their presentation to: Ms. Cheryl Lee, Principal Staff Liaison, Division of Vaccine Injury Compensation, Office of Special Programs, Health Resources and Services Administration, Room 8A-46, 5600 Fishers Lane, Rockville, MD 20857 or by e-mail at [clee@hrsa.gov](mailto:clee@hrsa.gov). Requests should contain the name, address, telephone number, and any business or professional affiliation of the person desiring to make an oral presentation. Groups having similar interests are requested to combine their comments and present them through a single representative. The allocation of time may be adjusted to accommodate the level of expressed interest. The Division of Vaccine Injury Compensation will notify each presenter by mail or telephone of their assigned presentation time.

Persons who do not file an advance request for a presentation, but desire to make an oral statement, may sign-up in the Parklawn Conference Room D & E on June 6. These persons will be allocated time as time permits.

Anyone requiring information regarding the ACCV should contact Ms. Cheryl Lee, Principal Staff Liaison, Division of Vaccine Injury Compensation, Office of Special Programs, Health Resources and Services Administration, Room 8A-46, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443-2124 or e-mail: [clee@hrsa.gov](mailto:clee@hrsa.gov).

Agenda items are subject to change as priorities dictate.

Dated: April 10, 2002.

**Jane M. Harrison,**

*Director, Division of Policy Review and Coordination.*

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