

Public Health Service

[GN# 2293]

Announcement of a Cooperative Agreement With the Association of American Indian Physicians

The Office of Minority Health, Office of the Assistant Secretary for Health, PHS, announces that it will enter into a cooperative agreement with the Association of American Indian Physicians (AAIP). This cooperative agreement will establish the broad programmatic framework within which specific projects can be funded as they are identified during the project period.

The purpose of this cooperative agreement is to (1) increase the coalition's support for and assistance in increasing the proportion of practicing minority health professionals within the U.S.; and (2) assist the association in expanding and enhancing its health prevention, promotion, and research opportunities, with the ultimate goal of improving the health status of minorities and disadvantaged people. The OMH will provide consultation, administrative, and technical assistance as needed for the execution and evaluation of all aspects of this cooperative agreement.

Authorizing Legislation

This cooperative agreement is authorized under the grant-making authorities of the Office of Minority Health. Refer to Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101-527.

Background

Assistance will be provided only to AAIP. No other applications are solicited. AAIP is the only organization capable of administering this cooperative agreement because it is the only organization that has:

1. Developed, expanded, and managed an infrastructure to coordinate and implement various medical intervention programs within local communities and physician groups that deal extensively with Indian health issues. The coalition has also established several oversight committees that provide a foundation upon which to develop, promote, and manage health intervention, education, and training programs which are aimed at preventing and reducing unnecessary morbidity and mortality rates among American Indian and Alaska Native populations.

2. Established itself and its members as an organization with professionals who serve as leaders and experts in planning, developing, implementing,

and evaluating health education, prevention, and promotion programs aimed at reducing excessive mortality and adverse health behaviors among American Indian and Alaska Native communities.

3. Developed databases and directories of health services, health care accessibility issues, and professional development initiatives that deal exclusively with American Indian and Alaska Native populations that are necessary for any intervention dealing with this minority population.

4. Assessed and evaluated the current education, research and disease prevention, and health promotion activities for its members, affiliated groups, and represented sub-populations.

5. Developed a national organization whose members are all predominantly minority health care professionals and providers with excellent professional performance records.

6. Developed a base of critical knowledge, skills, and abilities related to instruction in medical and health professions preparation. Through the collective efforts of its members, its affiliated community-based organizations, sponsored research, and sponsored health education and prevention programs, the AAIP has demonstrated (1) the ability to work with academic institutions and official health agencies on mutual education, service, and research endeavors relating to the goal of disease prevention and health promotion for American Indian and Alaska Native populations, (2) the leadership necessary to attract minority health professionals into public health careers, and (3) the leadership needed to assist health care professionals work more effectively with American Indian and Alaska Native clients and communities.

This cooperative agreement will be awarded in FY 1995 for a 12-month budget period within a project period of 5 years. 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, please contact Dr. Clay E. Simpson, Public Health Service, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone (301) 443-5084.

Dated: December 22, 1994.

Audrey F. Manley,*Acting Deputy Assistant Secretary for Minority Health.*

[FR Doc. 95-661 Filed 1-10-95; 8:45 am]

BILLING CODE 4160-17-M

[GN# 2294]

National Vaccine Advisory Committee (NVAC), Subcommittee on Future Vaccines, Public Meeting**AGENCY:** Office of the Assistant Secretary for Health, HHS.**SUMMARY:** The Department of Health and Human Services (DHHS) and the Office of the Assistant Secretary for Health (OASH) are announcing the forthcoming meeting of the Future Vaccines Subcommittee of the National Advisory Committee.**DATES:** Date, Time and Place: January 20, 1995, at 10:30 a.m. to 3:30 p.m., Conference Room 703A, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. The entire meeting is open to the public.**FOR FURTHER INFORMATION CONTACT:** Written requests to participate should be sent to Chester A. Robinson, D.P.A., Acting Director, National Vaccine Program Office, Rockwall II Building, Suite 1075, 5600 Fishers Lane, Rockville, Maryland 20857, (301) 594-2277.**Agenda: Open Public Hearing:** Interested persons may formally present data, information, or views orally or in writing on issues to be discussed by the Subcommittee. Those wishing to make presentations should notify the contact person before January 16, and submit a brief description of the information they wish to present to the Subcommittee. Requests should include the names and addresses of proposed participants. A maximum of 10 minutes will be allowed for a given presentation, but the time may be adjusted depending on the number of persons presenting. Any person attending the meeting who does not request an opportunity to speak in advance of the meeting will be allowed to make an oral presentation at the conclusion of the meeting, if time permits, at the Chairperson's discretion.**Open Subcommittee Discussion:** The Subcommittee is charged with developing guidance that will lead to the development, licensure, and best use of existing and new vaccines or vaccine combinations in the simplest possible immunization schedules.

A list of Subcommittee members and the charter of the NVAC Committee will be available at the meeting. Those unable to attend the meeting may