

SUPPLEMENTARY INFORMATION:**I. Purpose**

Section 921 of the Public Health Service Act (42 U.S.C. 299c) establishes the National Advisory Council for Health Care Policy, Research, and Evaluation. The Council provides advice to the Secretary and the Administrator, Agency for Health Care Policy and Research (AHCPR), on matters related to the activity of AHCPR to enhance the quality, appropriateness, and effectiveness of health care services and access to such services through scientific research and the promotion of improvements in clinical practice and the organization, financing, and delivery of health care services.

The Council is composed of public members appointed by the Secretary. These current members are: Marion F. Bishop, Ph.D.; Linda Burnes Bolton, Dr.P.H.; John W. Danaher, M.D.; William S. Kiser, M.D.; Walter J. McNerney, M.H.A.; and Louis F. Rossiter, Ph.D.

Eleven new members will be appointed shortly.

There also are Federal ex officio members. These members are:

Administrator, Substance Abuse and Mental Health Services Administration; Director, National Institutes of Health; Director, Centers for Disease Control and Prevention; Administrator, Health Care Financing Administration; Commissioner, Food and Drug Administration; Assistant Secretary of Defense (Health Affairs); and Chief Medical Director, Department of Veterans Affairs.

II. Agenda

On Monday, January 23, 1995, the open portion of the meeting will begin at 1:00 p.m. with the call to order by the Council Chairman. The Administrator will introduce new and reappointed members to the Council and discuss the broad strategic plan for AHCPR and related organizational issues. The Administrator, AHCPR, will conclude the afternoon meeting with a discussion of new AHCPR initiatives. The meeting will adjourn at 5:45 p.m.

On Tuesday, January 24, 1995, the open portion of the Council meeting will resume at 8:30 a.m. with administrative announcements, a discussion of legislative and budget authorities, and a discussion of tools for accomplishing the AHCPR mission. The open meeting will adjourn at 10:30 a.m. The Council will begin the closed portion of the meeting to discuss the AHCPR grant portfolio from 10:30 a.m. to 12:00 p.m. The meeting will then adjourn at 12:00 p.m.

Agenda items are subject to change as priorities dictate.

Dated: January 6, 1995.

Linda K. Demlo,

Acting Administrator.

[FR Doc. 95-708 Filed 1-11-95; 8:45 am]

BILLING CODE 4160-90-P

Centers for Disease Control and Prevention

[Announcement Number 515]

Cooperative Agreement Program for Urban Center(s) for Applied Research in Public Health**Introduction**

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement program for the establishment of an Urban Center(s) for Applied Research in Public Health. Activities coordinated by the Urban Center(s) are intended to use "population laboratories"* to produce information useful in health policy decisions and planning, thereby enhancing the effectiveness, quality, and cost-effectiveness of preventive and health care delivery systems and improving the health of persons living in the city.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. As the lead Federal agency for prevention, CDC has emphasized evaluation of prevention programs. As part of that continuing effort, CDC is strengthening efforts to assure that public health priorities and program strategies maximize the health of the population relative to the resources expended. Epidemiologic research is required in urban areas both to recognize emerging problems of illness and injury, to describe trends in risk factors, especially among youth and diverse populations, and to better characterize known public health problems. While research is required to identify persons at highest risk, studies are particularly needed to evaluate the efficacy, effectiveness, and economic feasibility of proposed and ongoing preventive interventions.

* The phrase "population laboratory" as used herein refers to an organization dedicated to epidemiologic, sociologic, and economic study of public health interventions in a well defined urban population. Projects may or may not include support from a laboratory as defined in the traditional clinical setting.

Residents of many urban neighborhoods have high rates of disease and injury, such as sexually transmitted diseases and AIDS, tuberculosis, lead toxicity, diabetes, asthma, violence, and teen pregnancy. Interventions to reduce these problems must address the complex social, behavioral, and economic conditions of the communities as well as the determinants of the specific diseases and injuries themselves. These comprehensive, multidisciplinary interventions need to be implemented and evaluated to determine their effectiveness and cost effectiveness. This cooperative agreement is intended to create an interdisciplinary urban center to work with the community. The center will assess the health impact of interventions targeted to address underlying problems contributing to high rates of disease and injury.

CDC also recognizes the vital importance of measuring the impact on health (including effectiveness, safety, and cost) of prevention policies, programs, and practices. The assessment of prevention effectiveness is the ongoing process of applying evaluation tools to prevention practices.

This announcement is related to all of the priority area(s) of Healthy People 2000. (For ordering a copy of "Healthy People 2000," see the section "Where to Obtain Additional Information.")

Authority

This program is authorized under section 301 of the Public Health Service Act (42 U.S.C. 241) as amended.

Smoke-Free Workplace

The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

Eligible Applicants

Assistance will be provided only to local (city/county) health departments or research organizations collaborating with local health departments of the fifty largest U.S. cities ranked by population per square mile (as determined from the County and City Book 1994—refer to Attachment A). Applications should be made by the local (city or county) department of health or by one or more other organizations (e.g., academic, technical, or community organizations) with a written indication of support from the local health department. Therefore, there should be only one application per