

which the grantee may become liable to the third party under the agreement.

The written agreement shall not relieve the grantee of any part of its responsibility or accountability to ATSDR under the cooperative agreement. The agreement shall therefore retain sufficient rights and control to the grantee to enable it to fulfill this responsibility and accountability.

Application Submission and Deadline Dates

The original and two copies of application PHS Form 5161-1 (OMB Number 0937-0189) must be submitted to Ron Van Duyne, Grants Management Officer, Attn: Patrick A. Smith, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, Georgia 30305, on or before July 31, 1998. (By formal agreement, the CDC Procurement and Grants Office will act for and on behalf of ATSDR on this matter.)

1. *Deadline:* Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group.

(Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.)

2. *Late Applications:* Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information, call 1-888-GRANTS4. You will be asked to leave your name, address, and phone number and will need to refer to ATSDR Announcement 98027. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Patrick A. Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers

for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, Georgia 30305, (404) 842-6803, or INTERNET address phs3@cdc.gov.

Programmatic technical assistance may be obtained from Morris L. Maslia, P.E., Project Officer, Division of Health Assessment and Consultation, Agency for Toxic Substances and Disease Registry, 1600 Clifton Road, NE., Mailstop E-32, Atlanta, Georgia 30333, (404) 639-0674, or INTERNET address mfm4@cdc.gov.

PLEASE REFER TO ANNOUNCEMENT NUMBER 98027 WHEN REQUESTING INFORMATION AND SUBMITTING AN APPLICATION.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, (telephone 202-783-3238).

This and other ATSDR and CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: <http://www.cdc.gov>.

Dated: June 3, 1998.

Georgi Jones,

Director, Office of Policy and External Affairs, Agency for Toxic Substances and Disease Registry.

[FR Doc. 98-15258 Filed 6-8-98; 8:45 am]

BILLING CODE 4163-70-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[Program Announcement 98064]

Notice of Availability of Funds; Program To Build Capacity To Conduct Site-Specific Activities

A. Purpose

The Agency for Toxic Substances and Disease Registry (ATSDR) announces the availability of fiscal year (FY) 1998 funds for a cooperative agreement program, Program to Build Capacity to Conduct Site-Specific Activities. This program addresses the Healthy People 2000 priority areas of: Educational and Community Based Programs; Environmental Health; and Surveillance and Data Systems. This program will provide State health Departments the opportunity to conduct site-specific health activities to determine the public

health impact of human exposure to hazardous substances at hazardous waste sites or releases. ATSDR considers a site as consisting of the actual boundaries of a release or facility along with the resident community and area impacted by the subject release or facility. Specifically, funds will be used to build capacity to conduct "core" site-specific activities including public health assessments, health consultations, exposure investigations, community involvement, and preventive health education. These activities may lead to more focused public health activities including environmental health interventions, psychological effects interventions, and risk communication. The purpose of the program funded under this cooperative agreement is to work toward the ultimate goal of reducing exposures to hazardous substances and mitigating potential adverse health effects from such exposures. This program is directed to public health agencies which have considerable need to continue to build capacity to address health issues related to hazardous substance releases into the environment within their jurisdictional boundary. The specific purpose of these activities is to assist public health agencies to build capacity, in coordination and cooperation with ATSDR, to conduct health related activities under the Comprehensive Environmental Response, Compensation, and Liabilities Act (CERCLA), and Resource Conservation and Recovery Act (RCRA). This includes conducting health consultations, public health assessments, and exposure investigations. These activities will also assist recipients to conduct community involvement activities, and to develop, disseminate, and evaluate site-specific preventive health education materials and other programs related to exposure to hazardous substances in the environment.

B. Eligible Applicants

Limited Competition

Assistance will be provided only to the health departments of States or their bona fide agents, including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, federally recognized Indian tribal governments, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau. In consultation with States, assistance may be provided to political subdivisions of States.

The 23 public health agencies currently funded under Program Announcement 607 are not eligible to apply under this announcement. Those public health agencies are: Alabama Department of Public Health; Arizona Department of Health Services; Arkansas Department of Health; California Department of Health Services; Connecticut Department of Public Health; Florida Department of Health & Rehabilitative Services; Iowa Department of Public Health; Illinois Department of Public Health; Indiana State Department of Health; Louisiana Department of Health and Human Services; Massachusetts Department of Public Health; Michigan Department of Community Health; Minnesota Department of Health; Missouri Department of Health; New York State Department of Health; New Hampshire Department of Health & Human Services; New Jersey Department of Health and Senior Services; Ohio Department of Health; Pennsylvania Department of Health; South Carolina Department of Health & Environmental Control; Texas Department of Health; Washington State Department of Health; and Wisconsin Department of Health & Family Services.

C. Availability of Funds

Approximately \$400,000 will be available in FY 1998 to fund an estimated six awards. The average new award is expected to be \$67,000, ranging from \$40,000 to \$90,000. It is expected that the awards will begin on or about September 29, 1998, and will be made for a 12-month budget period within a project period of up to three years. Funding estimates may change.

Continuation awards within an approved project period will be made on the basis of satisfactory progress as evidenced by required reports and the availability of funds.

Use of Funds

Funds may be expended for reasonable program purposes, such as personnel, travel, supplies and services. Funds for contractual services may be requested. However, the awardee, as the direct and primary recipient of ATSDR cooperative agreement funds, must perform a substantive role in carrying out project activities and not merely serve as a conduit for an award to another party or provide funds to an ineligible party. Applicant must justify the need to use a contractor. If contractors are proposed, the following must be provided: (1) name of contractor, (2) method of selection, (3) period of performance, (4) detailed budget, (5) justification for use of

contractor, and (6) assurance of non-conflict of interest.

Equipment may be purchased with cooperative agreement funds. However, the equipment proposed should be appropriate and reasonable for the activity to be conducted. The applicant, as part of the application process, should provide: (1) a justification for the need to acquire the equipment, (2) the description of the equipment, (3) the intended use of the equipment, and (4) the advantages/disadvantages of purchase versus lease of the equipment (if applicable). Requests for equipment purchases will be reviewed and approved only under the following conditions: (1) ATSDR retains the right to request return of all equipment purchased (in operable condition) with cooperative agreement funds at the conclusion of the project period, and (2) equipment purchased must be compatible with ATSDR hardware. Computers purchased with ATSDR funds should be IBM compatible and adhere to the Centers for Disease Control and Prevention (CDC) and ATSDR hardware standards.

Recipient activities may not be conducted with funds from this cooperative agreement program at any Federal site where the State is a party to litigation at the site.

Funding Background

Public health agencies have the principal responsibility within their jurisdiction for the protection of public health through regulatory authority and the delivery of public health program services. Over the years, these agencies have developed expertise as a direct response to problems that they are charged with resolving, including health problems related to hazardous substances in the environment. Historically, there has been a long series of environmental health problems requiring the response and cooperation of State and Federal public health agencies. Environmental contamination can potentially threaten the health, not only of populations immediately impacted by hazardous waste sites, but of entire communities in cases where contaminants have significantly migrated or been released off site and become important sources of human exposure to hazardous substances.

Community involvement is an integral part of site activities. The goal of community involvement at sites is to foster partnerships with communities living near hazardous waste sites in the development, implementation, and evaluation of all site-specific public health activities.

Health education is integral to the overall site-specific public health agenda. Community members have expressed concern about the general lack of environmental health information available to them and have expressed a need for community health education. Additionally, State health departments and concerned residents living near hazardous waste sites have reported a need for continuing education programs to educate health care professionals about (1) the health effects of hazardous substances and (2) the management of cases of exposure.

Following are definitions or descriptions of the public health activities allowable under this cooperative agreement:

1. **Public Health Assessment Activities**—The evaluation of data and information on the release of hazardous substances into the environment in order to assess any current or future impact on public health, develop health advisories or other health recommendations, and identify studies or actions needed to evaluate and mitigate or prevent human health effects.

a. **Petitioned Public Health Assessment**—results from a request from a community member or other interested party who believes exposures to hazardous substances has occurred.

b. **Public Health Advisory**—a communication from ATSDR that a public health threat exists of such importance and magnitude that immediate action should be taken. Keeping the community informed and soliciting input is a vital part of the public health assessment process.

c. **Health Consultation**—a written or verbal response to a specific question or specific request for information from or via ATSDR staff or a request for information about health risks posed by a specific site, chemical release, or hazardous material and may lead to specific recommendations for public health actions.

2. **Exposure Investigation**—Gathering and analyzing site-specific information to determine if human populations have been exposed. Site-specific information may include exposure point environmental sampling, exposure dose-reconstruction, biological testing, and evaluation of existing health outcome data. Information from an exposure investigation is included in public health assessments, health consultations, and public health advisories.

3. **Community Involvement**—Site-specific community involvement is designed to develop partnerships with communities living near hazardous

waste sites in the development, implementation, and evaluation of site-specific activities, which may include needs assessment, site evaluation activities, participation in community meetings, and being available to the community to gather and address health concerns.

4. Site-Specific Health Education—Site-specific health education encompasses a program of education activities implemented in communities to enable them to prevent or mitigate the health impact of exposure to hazardous substances present at waste sites and releases. Prevention of exposure is the focus of community health education. It is designed to address health risks and assist the community in understanding, preventing, or mitigating the health effects of hazardous substances exposure. Prevention of health effects from exposure is the focus of health professions education. The core components of each site-specific education activity are: (a) definition of a target audience through a community needs assessment profile, (b) development, delivery, and evaluation of an educational message; and (c) evaluation of the impact of the public health actions undertaken in a site-specific community (assurance).

5. Technical Project Team—The Technical Project Team (TPT) is made up of representatives from the ATSDR Division of Health Assessment and Consultation (DHAC), ATSDR Division of Health Studies (DHS), ATSDR Division of Health Education and Promotion (DHEP), ATSDR Office of Regional Operations (ORO), and State and local counterparts. The TPT is responsible for assuring the planning, implementation, and evaluation of all public health actions for each site assigned to the team. The TPT meets to review data relative to the site and considers the following questions: is there or has there been a completed exposure pathway and, are humans at health risk?

Funding Preferences

Funding preference may be given to the State entities currently funded under ATSDR Program Announcements 415, "Program for State Department and Public Health Agencies to Conduct Health Consultations and Public Health Assessment Activities" and ATSDR Program Announcement 443, "Environmental Health Education Activities for Health Professionals and Communities Concerned with Human Exposure to Hazardous Substances".

D. Program Requirements

ATSDR will assist and work jointly with the recipient in conducting the activities of this cooperative agreement program. The application should be presented in a manner that demonstrates the applicant's ability to address the health issues in a collaborative manner with ATSDR.

Note: Recipient activities may not be conducted with funds from this cooperative agreement program at any Federal site where the State is a party to litigation at the site.

Recipient and ATSDR activities are listed below:

1. Recipient Activities

The recipient will have primary responsibilities as follows:

a. Public Health Assessments

Conduct Public Health Assessments, including petitions, National Priority List (NPL), Comprehensive Environmental Response, Compensation, and Liability Information System (CERCLIS) or other sites or facilities within the recipient's territorial boundary in accordance with the methodology provided in the ATSDR Public Health Assessment Guidance Manual, ATSDR's Review and Handling Procedures for Public Health Assessments, and other applicable guidance. The following activities are also considered integral in the public health assessment process:

1. Prepare addenda to update public health assessments.

2. Prepare Site Review and Updates (SRU) to evaluate current conditions and determine the need for further actions.

b. Health Consultations

Prepare a written or verbal response to a specific question or specific request for information about health risks posed by a specific site (including Site Accelerated Cleanup Model (SACM)), chemical release, or hazardous material. Health consultations may also be written as a follow-up to Public Health Assessments or SRUs. Consultations may include the evaluation of environmental data, community concerns, health outcome data, and demographic characterizations, and the conduct of community outreach and interaction activities and site work plans.

c. Exposure Investigations

Exposure Investigations may be conducted as part of a health assessment or health consultation response.

d. Community Involvement

Site-specific community involvement is designed to develop partnerships with communities living near hazardous waste sites in the development, implementation, and evaluation of site-specific activities, which may include needs assessment, site evaluation activities, participation in community meetings, and to provide opportunities within the community to address health concerns. The recipient should:

1. Develop a site-specific community involvement plan which, at a minimum, should include: (1) a needs assessment strategy, (2) an implementation strategy, and (3) an evaluation strategy.

2. Implement the community involvement plan and, where warranted based on the needs assessment, establish Community Assistance Panels.

e. Health Education

Site-specific health education encompasses a program of education activities implemented in communities to enable them to prevent or mitigate the health impact of exposure to hazardous substances present at waste sites and releases. Prevention of exposure is the focus of community health education. Prevention of health effects from exposure is the focus of health professions education. Based on the community needs assessment, a coordinated health education program to address the needs identified for each target audience should be developed. The recipient should:

1. Develop materials that are appropriate for the target audience considering such issues as literacy level, cultural values, and languages spoken.

2. Give priority to those sites where specific actions can be taken to reduce or prevent exposures or where a significant public health concern exists.

3. Materials and programs targeted to a community's health care providers should be designed to improve the knowledge and skill of health care professionals concerning the potential exposure to hazardous substances at the selected sites. Examples include programs and materials designed to enhance the ability of health care providers to communicate risk, counsel and advise community members including their patients, recognize and evaluate potential exposures, obtain appropriate consultation from environmental health experts when needed or diagnose and treat conditions that may arise from exposure to hazardous substances.

4. Implement the planned actions such as distributing materials, and conducting projects such as Grand

Rounds, short courses, seminars, poster display sessions, and public availability sessions.

f. Site-Specific Evaluation

As part of the work plan, develop a site-specific evaluation plan prior to conducting activities. The plan should contain a component for each activity undertaken at the site. Conduct evaluation of activities and projects and site-specific programs to determine if community needs have been met as well as intended purpose of the activities. Both process and impact/outcome measures should be included in the evaluation plan.

g. Program Evaluation

An evaluation of effectiveness of overall capacity building effort in addressing public health issues in communities living near hazardous waste sites will be conducted jointly by all participants. This evaluation will focus on outcome and impact measurements using a standard evaluation instrument. Both process and impact/outcome measures will be included in the evaluation.

2. Other Recipient Activities

a. Participate in Technical Project team (TPT) review and comply with established review and handling procedures for incorporating the results of recommendations into site evaluation activities.

b. Provide abstraction overview to ATSDR on each site for which site evaluation activities have been conducted for inclusion in the HAZDAT.

c. Workshops

1. Conduct and participate in local, State, and federal health and environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.

2. Participate in ATSDR-scheduled training classes or workshops to increase knowledge and skills in environmental public health.

d. Respond to ATSDR's requests concerning congressional inquiries/testimonies, program evaluation, or other information in carrying out the purpose of the project.

3. ATSDR Activities

ATSDR will have primary responsibilities as follows:

a. Public Health Assessments

Collaborate with and assist recipient in conducting Public Health Assessment activities on CERCLIS or other sites or

facilities within the recipient's territorial boundary, which includes:

1. Collaborate and assist in preparing addenda to update public health assessments.

2. Collaborate and assist in preparing Site Review and Updates (SRU) to evaluate current conditions and determine the need for further actions.

b. Health Consultations

Collaborate and assist recipient in preparing a written or verbal response to a specific question or specific request for information about health risks posed by a specific site [including Site Accelerated Cleanup Model (SACM)], chemical release, or hazardous material.

c. Exposure Investigations

Collaborate and assist in conducting Exposure Investigations.

d. Community Involvement

1. Assist in developing effective methods to conduct needs assessments in communities living near hazardous waste sites and in defining goals and objectives.

2. Assist in development, implementation, and evaluation of the community involvement plan.

e. Site-Specific Health Education

1. Collaborate in developing and reviewing all educational materials to ensure scientific accuracy. Provide existing materials as requested. Collaborate in developing projects for specific target audiences.

2. Collaborate with the State in the implementation of programs and the distribution of materials.

f. Evaluation

ATSDR will lead the evaluation of each recipient's total program. This evaluation will focus on outcome and impact measurements using a standard evaluation instrument. In addition, ATSDR will conduct an evaluation of effectiveness of overall capacity building effort in addressing public health issues in communities living near hazardous waste sites. Both process and impact/outcome measures will be included in the evaluation.

4. Other ATSDR Activities

a. Initiate and conduct review by Technical Project Team.

b. Assist with abstraction overview for the database on each site for which site evaluation activities have been conducted.

c. Workshops

1. Assist recipient with participation in local, State, and Federal health and

environmental workshops and community meetings to discuss and respond to questions concerning a particular site's impact on public health.

2. Initiate and conduct ATSDR-scheduled training classes or workshops to increase recipients knowledge and skills in environmental public health.

d. Assist recipient with requests concerning program evaluation, or congressional inquiries concerning the cooperative agreement that are received by ATSDR.

E. Application Content

Competing Applications

Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The application must include a 200 word or less abstract of the proposal. The application pages must be clearly numbered, and a complete index to the application and its appendices must be included. The original and each copy of the application must be submitted unstapled and unbound.

The budget should include funds for selected cooperative agreement staff to attend the annual training meeting in Atlanta (five days).

F. Submission and Deadline

Application

Submit the original and two copies of PHS Form 5161-1 (OMB Number 0937-0189). Forms are in the application kit. On or before August 5, 1998, submit the application to: Patrick A. Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 98064, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, Georgia 30305-2209.

If your application does not arrive in time for submission to the independent review group, it will not be considered in the current competition unless you can provide proof that you mailed it on or before the deadline (i.e., receipt from U.S. Postal Service or a commercial carrier; private metered postmarks are not acceptable).

G. Evaluation Criteria

Each application will be evaluated individually against the following criteria by an independent review group appointed by ATSDR. The proposed program will account for a total of 70 percent of the score from the evaluation criteria. Applications will be reviewed

and evaluated according to the following criteria:

a. Proposed Program—70 Percent

Applicant's ability to address the following:

1. Ability to respond to specific public health issues that occur as a result of actual or potential human exposure to a hazardous substance including methods to evaluate and analyze toxicological, community, and environmental health data; and to conduct and analyze data from exposure investigations.

2. Description of involvement with communities response to concern about a particular site's impact on public health. Ability to develop and provide preventive health education in a timely fashion in response to public health issues including appropriateness and thoroughness of the methods used to evaluate preventive health education, and the extent to which the evaluation plan includes measures of program outcome (i.e., effect of participant's knowledge, attitudes, skills, behaviors, exposure to hazardous substances).

b. Program Personnel—15 Percent

The extent to which the proposal has described or provided biographical data on the:

1. Manner in which an integrated team will be developed to address components of this program. A consistent team is vital to this effort. ATSDR recommends that the team consist of, at minimum, 1/2 to 1 FTE health assessors and 1/2 to 1 FTE health educators/community involvement specialists/medical officers for core activities.

2. Appropriate qualifications, experience, leadership ability, and percentage of time project director (or principle investigator) will commit to the project.

3. Appropriate qualifications, experience, and description of how staff will be utilized in relation to the activities to be performed to accomplish the work and their percentage of time to be spent on the project; CVs should be provided.

4. Ability of recipient to adhere to "Third Party Agreements" under "Other Requirements" of this announcement if contractors are proposed.

c. Capability—15 Percent

Description of the applicant's capability to carry out the proposed project and suitability of facilities and equipment available or to be purchased for the project.

d. Program Budget—(Not Scored)

The extent to which the budget relates directly to project activities, is clearly justified, and is consistent with intended use of funds. The budget should include funds for scientific staff to attend the annual training meeting in Atlanta (five days).

e. Continuation Awards

Continuation awards within the project period will be made on the basis of an annually negotiated work plan with ATSDR staff, and the following criteria:

1. Satisfactory progress has been made in meeting project objectives;

2. Objectives for the new budget period are realistic, specific, and measurable;

3. Proposed changes in described methods of operation, need for financial support, and/or evaluation procedures will lead to achievement of project objectives; and

4. The budget request is clearly justified and consistent with the intended use of cooperative agreement funds.

H. Other Requirements

Technical Reporting Requirements

Provide ATSDR with original plus two copies of:

1. Annual progress reports; the progress reports must report on progress toward addressing activities mutually agreed to by ATSDR and the recipient at the time of the annual budget discussion, as part of the annually negotiated work plan and should include the following for each program, function, or activity involved: (1) a comparison of actual accomplishments to the goals established for the period; (2) the reasons for slippage if established goals were not met; and (3) other pertinent information.

2. Financial status report, no more than 90 days after the end of the budget period; and

3. Final financial and performance reports, no more than 90 days after the end of the project period.

Send all reports to: Patrick A. Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Room 300, 255 East Paces Ferry Road, NE., Mailstop E-13, Atlanta, GA 30305-2209.

Disclosure. Recipient is required to provide proof by way of citation to State code or regulation or other State pronouncement given the authority of law, that medical information obtained pursuant to the agreement, pertaining to

an individual, and therefore considered confidential, will be protected from disclosure when the consent of the individual to release identifying information is not obtained.

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I.

AR98-7—Executive Order 12372

Review

AR98-9—Paperwork Reduction Act Requirements

AR98-10—Smoke-Free Workplace Requirements

AR98-11—Healthy People 2000

AR98-17—Peer and Technical Reviews of Final Reports of Health Studies—ATSDR

AR98-18—Cost Recovery—ATSDR

AR98-19—Third Party Agreements—ATSDR

I. Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under Sections 104(i), (1)(E), (4), (6), (7), (9), (14) and (15) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) of 1980, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 [42 U.S.C. 9604(i)(1) (E), (4), (6), (7), (9), (14) and (15)], and Section 3019 (b) and (c) of the Resource Conservation and Recovery Act (RCRA), as amended (Hazardous and Solid Waste Amendments of 1984) [42 U.S.C. 6939a (b) and (c)].

The Catalog of Federal Domestic Assistance numbers are 93.200, 93.201, 93.203.

J. Where To Obtain Additional Information

Please refer to Announcement Number 98064 when requesting information and submitting an application.

To receive additional written information and to request an application kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave your name and address and will be instructed to identify the Announcement number of interest.

If you have questions after reviewing the contents of all of the documents, business management technical assistance may be obtained from: Patrick A. Smith, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E13, Atlanta, Georgia 30305, Telephone (404) 842-

6803, INTERNET address
phs3@cdc.gov.

For programmatic technical assistance contact: Sharon Conley, Financial Acquisition Specialist, Office of Program Operations & Management (OPOM), Agency for Toxic Substances and Disease Registry (ATSDR), 1600 Clifton Road, NE., Mailstop E-60, Atlanta, Georgia 30333, Telephone (404) 639-0559, INTERNET address sac7@cdc.gov.

Also, the CDC home-page on the Internet: <http://www.cdc.gov> is available for copies of this Announcement and funding documents as well as application forms.

Dated: June 3, 1998.

Georgi Jones,

*Director, Office of Policy and External Affairs,
Agency for Toxic Substances and Disease
Registry.*

[FR Doc. 98-15256 Filed 6-8-98; 8:45 am]

BILLING CODE 4163-70-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Toxic Substances and Disease Registry

[ATSDR-135]

Availability of ATSDR Decision Document Regarding the Bunker Hill, Idaho, Medical Monitoring Program

AGENCY: Agency for Toxic Substances and Disease Registry (ATSDR), Department of Health and Human Services (HHS).

ACTION: Notice of availability for public review and comment of draft Decision Document Regarding the Bunker Hill, Idaho, Medical Monitoring Program.

SUMMARY: ATSDR has reviewed scientific literature and clinical information in order to assess the need for medical monitoring at Bunker Hill, Idaho. ATSDR has determined that there is a definable population at significantly increased risk of disease that will benefit from a medical monitoring program. ATSDR has judged that the medical monitoring program is appropriate to provide periodic medical evaluation and referrals to improve the public health status of the affected population. The current literature and expert panel workshop held by ATSDR reflect that medical monitoring at Bunker Hill would be good public health practice and of medical benefit to the affected populations. This notice is announcing the availability of the draft report documenting ATSDR's justification for implementing a medical monitoring program for the population

at the Bunker Hill Site: the "ATSDR Decision Document Regarding the Bunker Hill, Idaho, Medical Monitoring Program", is available for public review and comment.

DATES: Comments must be received by July 9, 1998.

ADDRESSES: The report is available through Dr. Vivian Rush, MD, Medical Officer, ATSDR-Division of Health Education and Promotion, 1600 Clifton Road, NE., Mailstop E-33, Atlanta, Georgia 30333, E-mail address vcr1@cdc.gov and telephone (404) 639-5080.

FOR FURTHER INFORMATION CONTACT: Dr. Vivian Rush, Medical Officer, ATSDR; telephone (404) 639-5080.

SUPPLEMENTARY INFORMATION: Section 104 (i)(9) of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), as amended [42 U.S.C. 9604 (i)(9)], provides for the Administrator of ATSDR to initiate a health surveillance program for populations at a significant increased risk of adverse health effects as a result of exposure to hazardous substances released from a facility. A program ATSDR includes under health surveillance is referred to as "Medical Monitoring or Screening" and is defined, as published in the **Federal Register** on July 28, 1995 (60 FR 38840), in "ATSDR's Final Criteria for Determining the Appropriateness of a Medical Monitoring Program under CERCLA" as "the periodic medical testing to screen people at significant increased risk for disease." There are 7 Medical Monitoring criteria associated with this program and they are as follows:

(1) There should be evidence of contaminant levels in environmental media that would suggest the high likelihood of environmental exposure to a hazardous substance and subsequent adverse health outcomes.

(2) There should be a well-defined, identifiable target population of concern in which exposure to a hazardous substance at a sufficient level has occurred.

(3) There should be documented human health research that demonstrates a scientific basis for a reasonable association between an exposure to a hazardous substance and a specific adverse health effect (such as an illness or change in a biological marker of effect).

(4) The monitoring should be directed at detecting adverse health effects that are consistent with the existing body of knowledge and amenable to prevention or intervention measures.

(5) The general requirements for a medical screening program should be satisfied. Those requirements are:

- The natural history of the disease process should be understood sufficiently for screening.
- The early detection through screening should be known to have an impact on the natural history of that disease process.
- There should be an accepted screening test that meets the requirements for validity, reliability, estimates of yield, sensitivity, specificity, and acceptable cost.

(6) An accepted treatment, intervention or both for the condition (outcome or marker of exposure) must exist and a referral system should be in place prior to the initiation of a medical monitoring program.

(7) The logistics of the system must be resolved before the program can be initiated.

Background

The 21-square-mile Bunker Hill Superfund site includes the Bunker Hill mining and smelting complexes and the communities of Pinehurst, Page, Smelterville, Kellogg and Wardner in Shoshone county, in Silver Valley of northern Idaho. Mining and mineral refining has been the dominant industry in the Silver Valley for more than 100 years. The mining and mineral refining activities have severely impacted the landscape, vegetation, and the quality of the air, and soils in the area. A population of workers and residents who have worked in and lived surrounding the former Bunker Hill lead and zinc smelting facility have been exposed to lead (and probably other heavy metals) in the past at levels of public health concern (i.e., at levels where health effects could be expected to occur). The most serious exposures took place during the 1970's after a baghouse fire resulted in large amounts of lead to be released into the air of towns surrounding the smelter. Epidemiologic studies have shown adverse health effects in the populations that were present during the past high exposure periods. Since the smelter's closure in 1981, the exposures have markedly decreased. In addition, the Panhandle Health District has implemented a program to detect excess exposure in the community and provides information and education on preventing harmful exposures and scientific literature supports these findings.