

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of Public Health and Science****Office of Minority Health; Notice of Availability of Funds—Construction Grant for a National Center for Primary Care**

SUMMARY: The Office of Minority Health (OMH), Office of Public Health and Science announces that Fiscal Year (FY) 1996 funds are available for the construction of a National Center for Primary Care. Funds were appropriated for this purpose by the Balanced Budget Downpayment Act II, Pub. L. 104-134 for FY 1996.

Authority: This program will be conducted under the authority of section 1701 of the Public Health Service Act and Pub. L. 104-134.

DATES: To receive consideration, applications must be received by (enter 45 days from date of publication) by the Grants Management Officer, Mrs. Carolyn Williams, at the address below. 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. A legibly dated receipt from a commercial carrier or the U.S. Postal Service will be accepted instead of a postmark. Private metered postmarks will not be acceptable as proof of timely mailing. Grant applications that are received after the deadline date will be returned to the applicant.

FOR FURTHER INFORMATION CONTACT: Additional information related to technical and program issues may be obtained from Ms. Twei Doong, Deputy Director, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone number (301) 443-5084. Grant application kits and information regarding business, administrative or fiscal issues related to the awarding of the grant under this Notice may be requested from Ms. Carolyn Williams, Grants Management Officer, Office of Minority Health, Rockwall II Building, Suite 1000, 5515 Security Lane, Rockville, MD 20852, telephone number (301) 594-0758. Applicants for grants will use Form PHS 5161.

SUPPLEMENTARY INFORMATION:**Program and Background Information**

Minority individuals and communities suffer disproportionately from excess morbidity and mortality from causes that are known to be preventable by community-oriented prevention and primary care. For

example, minority individuals have nearly twice the prevalence of diabetes as the general population, and minority diabetics suffer complications at twice the rate of nonminority diabetics.

Minority communities' lack of access to health care is a causative factor for this disparity in health outcomes. Despite a similar prevalence of cardiovascular disease, African-Americans with heart disease have mortality rates twice that of their white counterparts. Minority Women are only half as likely to have had a Pap smear or other preventive health care in the past year as are their majority counterparts, despite a significantly higher risk of cervical neoplasia.

Minority individuals are also significantly under represented among health professionals and faculty and leadership of health professional schools. The availability of minority health professionals is critical to the improvement of health outcomes for minority populations. Minority physicians are significantly more likely to enter generalist careers and to serve in underserved areas. A study of physician practice locations and the racial and ethnic makeup and socioeconomic status of communities was recently published in the New England Journal of Medicine. This study concluded that black physicians cared for significantly more black patients and Hispanic physicians for significantly more Hispanic patients. Black physicians cared for more patients covered by Medicaid and Hispanic physicians for more uninsured patients. Achieving the goals of Health People 2000 for the entire nation will require additional well-trained health professionals and researchers who are experts in the unique problems and strengths of low-income minority communities. To reach these objectives there must be more minority faculty and leadership in academic institutions.

The National Center for Primary Care will provide an academic infrastructure for research, training, communications, and demonstration projects designed to promote the improvement of the health of underserved communities and populations at the national level. While a variety of programs and demonstrations are being undertaken around the country, efforts are autonomous and disconnected. The National Center for Primary Care will serve both as a clearinghouse for existing activities and as a catalyst for new cutting-edge efforts to achieve equity in health status, health care delivery, and in developing the health professional workforce for under represented minority individuals.

Availability of Funds

A total of \$7.5 million is available in FY 1996 for one award to a school of medicine for the construction of a National Center for Primary Care.

Project Requirements

Proposals will be accepted for the construction of a facility with the dedicated purpose of housing programs designed to promote, at the national level, the improvement of health in underserved minority communities and populations. At a minimum, the Center should include office space, conference rooms, classroom space, auditorium/lecture halls, library or reading room, and computer facility to house most or all of the following program elements:

- (1) Medical education program enhancements to expand the number of physicians and other health professionals trained to serve poor and minority populations
- (2) Research and demonstration projects designed to assess the impact of various health care delivery models and treatments on health outcomes specifically in minority populations
- (3) Community-based intervention demonstration projects designed as reproducible models for improving the health of minorities and other underserved populations
- (4) Practical research from primary and secondary data sources on the causes and risk factors related to excess mortality and morbidity in minority communities and populations
- (5) Practical research from primary and secondary data sources on issues related to minorities in the health professional workforce, and design interventions to increase minority representation in all segments of the health professions
- (6) Provision of conference, publications, and electronic mechanisms (e.g., access to Internet, bulletin boards, etc.) to coordinate communication with other programs and institutions with the same minority health emphasis, focused on the health of minority communities and populations

Title 45 CFR 74.32(2) requires that this facility be used for the purpose for which it was constructed for its entire useful life.

Eligibility Requirements

Applications will be accepted only from medical schools or academic consortia that have a demonstrated track record of commitment to improvement of health in underserved minority communities and populations. Applicant schools must submit

documentation demonstrating that they meet all of the following criteria as evidence of this commitment.

Applicants who do not provide such documentation will be determined ineligible and their applications will be returned without further review.

(1) Mission statement emphasizes commitment to health of minorities and other underserved populations as a central theme

(2) The curricula in the departments and graduate training programs in the areas of Preventive Medicine, Public Health, and primary care (particularly Family Medicine) contain elements specifically focused on minority health

(3) More than 50% of students and trainees at the institutions are from minority groups that are under-represented in the medical professions

(4) More than 40% of the institution's full and part-time faculty and senior leadership are from under-represented minority groups

(5) A strong track record of partnership with community-based organizations to improve health in the minority community

(6) Capability to undertake program leadership at a national scale for all project requirements described in this notice

(7) A strong track record of having 50% or more of its physician graduates over the last five years who have chosen to enter primary care specialties

(8) A strong track record of having at least 30% of its physician graduates over the last five years serving in underserved communities

Evaluation Criteria

Applications must meet the following criteria. Projects will be reviewed on a competitive basis by an objective review committee based on an assessment of how well applications meet the following evaluation criteria:

(1) Clarity and strength of justification of the need for the proposed facility

(2) Clarity of defined program goals and objectives; degree to which the specific activities required to accomplish the goals of the proposed Center are defined

(3) Strength and documentation that the institution is capable of carrying out project requirements described above, strength of the qualifications of staff to

ensure that program elements are undertaken

(4) Documentation of affiliations with other health professions training institutions and health care facilities that serve predominately minority populations

(5) Documentation that a large proportion of clinical activities are devoted to serving the health care needs of rural or inner-city, low-income, minority populations

(6) Documentation that a large proportion of its clinical activities are devoted to research or demonstration projects directly aimed at improving the health of minorities and other underserved populations

(7) Strength and clarity of justification for the amount and type of space requested to support program requirements

(8) The appropriateness of the project design, facility construction plans and schematic drawings, and time frames for initiation through completion of the project

(9) The reasonableness and justification for the itemized costs in the construction budget

(10) The ability of the applicant to contribute funds for the construction project. It is expected that the recipient will contribute at least 25% of the total project cost.

Other Award Information

The application is subject to the provisions of Executive Order 12372, as implemented under 45 CFR Part 100, which allows State the option of setting up a system for reviewing applications within their States for assistance under certain Federal programs. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOCs) as early as possible to alert them to the prospective applications and receive any necessary instructions on the state process. For proposed projects serving more than one state, the applicant is advised to contact the SPOC for each affected State. All comments from a state office must be received within 60 days after the application deadline by the Office of Minority Health's Grants Management Officer. A list of addresses of the SPOCs is enclosed with the application kit material.

Provision of Smoke-Free Workplace and Non-Use of Tobacco Products by Recipients of PHS Grants: The Public Health Service strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. In addition, Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities (or in some cases, any portion of a facility) in which regular or routine education, library, day care, health care or early childhood development services are provided to children.

The PHS is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity for setting priority areas. This announcement is related to all of the priority areas of Healthy People 2000. Potential applicants may obtain a copy of Healthy People 2000 (Full Report: Stock No. 017-001-00474-0) or Healthy People Summary Report (Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325 (telephone: 202/783-3238).

Use of Metric Units in Application Plans, Design, and Project Construction

Per Executive Order 12770, July 1991, all construction projects funded in whole or in part with Federal funds must use System International (SI) Metric Units. Usage shall conform to Federal Standard 376B, Preferred Metric Units for General Use by the Federal Government. Applicants must use this system (SI) for planning, estimating, design and construction phases of Federally supported projects.

This program is not subject to the Public Health System Reporting Requirements.

There is no CFDA number for this program since it is viewed as a one-time project.

Dated: August 29, 1996.

Clay E. Simpson, Jr.,

Deputy Assistant Secretary for Minority Health.

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