

terminates the consent agreement after twenty years.

The Fair Credit Reporting Act was extensively amended effective September 30, 1997 and now contains significant additional requirements for employers using consumer reports.

The purpose of this analysis is to facilitate public comment on the proposed consent order. It is not intended to constitute an official interpretation of the agreement and proposed order or to modify in any way their terms.

By direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. 98-8206 Filed 3-27-98; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center

Agency Information Collection Activities: Submission for OMB Review; Comment Request

The Department of Health and Human Services, Program Support Center (PSC), publishes a list of information collections it has submitted to the Office of Management and Budget (OMB) for clearance in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) and 5 CFR 1320.5. The following information collection was recently submitted to OMB:

1. Application Packets for Real Property for Public Health Purposes—0937-0191—Reinstatement.

The Department of Health and Human Services administers a program to convey or lease surplus real property to States and their political subdivisions and instrumentalities, to tax-supported institutions, and to nonprofit institutions to be used for health purposes. State and local governments and nonprofit organizations use these applications to apply for excess/surplus, underutilized/unutilized and off-site Government real property. Information in the application is used to determine eligibility to purchase, lease, or use property under the provisions of the surplus property program. The instructions have been reduced from six (6) packets to three (3) to streamline and consolidate the health and homeless application processes. The Environmental information form, used to evaluate potential environmental effects of a proposal as required by the National Environmental Policy Act of 1969, is being revised to provide factual data to support the response to each

question and to leave no doubt about what conditions or adverse effects are being considered as well as to make it more user friendly. *Respondents:* State, Local or Tribal Governments; not-for-profit institutions; *Total Number of Respondents:* 55 per calendar year; *Number of Responses per Respondent:* one response per request; *Average Burden per Response:* 200 hours; *Estimated Annual Burden:* 11,000 hours.

OMB Desk officer: Allison Eydt.

Copies of the information collection package listed above can be obtained by calling the PSC Reports Clearance Officer on (301) 443-2045. Written comments and recommendations for the proposed information collection should be sent directly to the OMB desk officer designated above at the following address: Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, 725 17th Street NW, Washington, DC 20503.

Comments may also be sent to Douglas F. Mortl, PSC Reports Clearance Officer, Room 17A-08, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received on or before April 29, 1998.

Dated: March 23, 1998.

Lynnda M. Regan,

Director, Program Support Center.

[FR Doc. 98-8195 Filed 3-27-98; 8:45 am]

BILLING CODE 4168-17-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Meeting

The National Center for Environmental Health (NCEH) of the Centers for Disease Control and Prevention (CDC) announces the following meeting:

Name: Current Status of the Vessel Sanitation Program (VSP) and Experience to Date with Program Operations—Public meeting between CDC and the cruise ship industry, private sanitation consultants, and other interested parties.

Time and Date: 9 a.m.–1 p.m., April 28, 1998.

Place: DoubleTree Grand Hotel, Biscayne Bay Miami, 1717 North Bayshore Drive, Miami, Florida 33132, telephone 305/372-0313, fax 305/539-9228.

Status: Open to the public, limited by the space available. The meeting room accommodates approximately 100 people.

Purpose: During the past 12 years, as part of the revised VSP, CDC has conducted a series of public meetings with members of

the cruise ship industry, private sanitation consultants, and other interested parties.

This meeting is a continuation of that series of public meetings to discuss current status of the VSP and experience to date with program operations.

Matters to be Discussed: Agenda items will include a VSP Program Director Update; 1997 Program Review; Canadian/U.S. Harmonization Update; Revision of the "Final Recommended Shipbuilding Construction Guidelines for Cruise Vessels Destined to Call on U.S. Ports"; Update on Disease Surveillance and Outbreak Investigations; Revision of the VSP Operations Manual; Consultation Fees; and VSP Training Seminars.

For a period of 15 days following the meeting, through May 19, 1998, the official record of the meeting will remain open so that additional materials or comments may be submitted to be made part of the record of the meeting.

Advanced registration is encouraged. Please provide the following information: name, title, company name, mailing address, telephone number, facsimile number and E-mail address to Sharon Dickerson, Program Analyst, facsimile 770/488-4127 or E-mail: shd2@cdc.gov.

Contact Person for More Information: Daniel Harper, Chief, VSP, Special Programs Group, NCEH, CDC, 4770 Buford Highway, NE, M/S F-16, Atlanta, Georgia 30341-3724, telephone 770/488-3524, E-mail: dmh2@cdc.gov, or David Forney, Public Health Advisor, Division of Environmental Hazards and Health Effects, telephone 770/488-7333 or E-mail: dlf1@cdc.gov.

Dated: March 23, 1998.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 98-8182 Filed 3-27-98; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

[Program Announcement No. 93631-98-01]

Developmental Disabilities: Request for Public Comments on Proposed Developmental Disabilities Funding Priorities for Projects of National Significance for Fiscal Year 1998

AGENCY: Administration on Developmental Disabilities (ADD), ACF, DHHS.

ACTION: Notice of request for public comments on developmental disabilities tentative funding priority for Projects of National Significance for Fiscal Year 1998.

SUMMARY: The Administration on Developmental Disabilities (ADD) announced that public comments are

being requested on tentative funding priorities for Fiscal Year 1998 Projects of National Significance prior to being announced in its final form.

We welcome comments and suggestions on this proposed announcement and funding priority which will assist in bringing about the increased independence, productivity, integration, and inclusion into the community of individuals with developmental disabilities.

DATES: The closing date for submission of comments is May 26, 1998.

ADDRESSES: Comments should be sent to: Reginald F. Wells, Ph.D., Acting Commissioner, Administration on Developmental Disabilities, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

FOR FURTHER INFORMATION CONTACT: Administration for Children and Families (ACF), Pat Laird, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447, 202/690-7447.

SUPPLEMENTARY INFORMATION: This announcement consists of two parts:

Part I

Background

A. Goals of the Administration on Developmental Disabilities

The Administration on Developmental Disabilities is located within the Administration for Children and Families, Department of Health and Human Services (DHHS). Although different from the other ACF program administrations in the specific constituency it serves, ADD shares a common set of goals that promote the economic and social well-being of families, children, individuals and communities. Through national leadership, we see:

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities having a positive impact on the quality of life and the development of children;
- Partnerships with individuals, front-line service providers, communities, States and Congress that enable solutions which transcend traditional agency boundaries;
- Services planned and integrated to improve client access; and
- A strong commitment to working with Native Americans, individuals with developmental disabilities,

refugees and migrants to address their needs, strengths and abilities.

Emphasis on these goals and progress toward them will help more individuals, including those with developmental disabilities, to live productive and independent lives integrated into their communities. The Projects of National Significance Program is one means through which ADD promotes the achievement of these goals.

Two issues are of particular concern with these projects. First, there is a pressing need for networking and cooperation among specialized and categorical programs, particularly at the service delivery level, to ensure continuation of coordinated services to people with developmental disabilities. Second, project findings and successful innovative models of projects need to be made available nationally to policy makers as well as to direct service providers.

B. Purpose of the Administration on Developmental Disabilities

The Administration on Developmental Disabilities is the lead agency within ACF and DHHS responsible for planning and administering programs which promote the self-sufficiency and protect the rights of individuals with developmental disabilities.

The 1996 Amendments (Pub. L. 104-183) to the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6000 *et seq.*) (the Act) supports and provides assistance to States and public and private nonprofit agencies and organizations to assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports, and other assistance and opportunities that promote independence, productivity and integration and inclusion into the community.

The Act points out that:

- Disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity for independence, productivity and inclusion into the community;
- Individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely;
- Individuals with developmental disabilities often require lifelong specialized services and assistance, provided in a coordinated and culturally competent manner by many agencies, professionals, advocates,

community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families;

The Act further finds that:

- Individuals with developmental disabilities, including those with the most severe developmental disabilities, are capable of achieving independence, productivity, and integration and inclusion into the community, and often require the provision of services, supports and other assistance to achieve such;
- Individuals with developmental disabilities have competencies, capabilities and personal goals that should be recognized, supported, and encouraged, and any assistance to such individuals should be provided in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, abilities, and capabilities of the individual;
- Individuals with developmental disabilities and their families are the primary decision makers regarding the services and supports such individuals and their families receive; and play decision making roles in policies and programs that affect the lives of such individuals and their families; and
- It is in the nation's interest for individuals with developmental disabilities to be employed, and to live conventional and independent lives as a part of families and communities.

Toward these ends, ADD seeks to enhance the capabilities of families in assisting individuals with developmental disabilities to achieve their maximum potential, to support the increasing ability of individuals with developmental disabilities to exercise greater choice and self-determination, to engage in leadership activities in their communities, as well as to ensure the protection of their legal and human rights.

Programs funded under the Act are:

- Federal assistance to State developmental disabilities councils;
- State system for the protection and advocacy of individual rights;
- Grants to university affiliated programs for interdisciplinary training, exemplary services, technical assistance, and information dissemination; and
- Grants for Projects of National Significance.

C. Description of Projects of National Significance

Under Part E of the Act, demonstration grants and contracts are awarded for projects of national significance that support the development of national and State

policy to enhance the independence, productivity, and integration and inclusion of individuals with developmental disabilities through:

- Data collection and analysis;
- Technical assistance to enhance the quality of State developmental disabilities councils, protection and advocacy systems, and university affiliated programs; and
- Other projects of sufficient size and scope that hold promise to expand or improve opportunities for individuals with developmental disabilities, including:

- technical assistance for the development of information and referral systems;
- educating policy makers;
- Federal interagency initiatives;
- the enhancement of participation of racial and ethnic minorities in public and private sector initiatives in developmental disabilities;
- transition of youth with developmental disabilities from school to adult life; and

Section 162(d) of the Act requires that ADD publish in the **Federal Register** proposed priorities for grants and contracts to carry out Projects of National Significance. The Act also requires a period of 60 days for public comment concerning such proposed priorities. After analyzing and considering such comments, ADD must publish in the **Federal Register** final priorities for such grants and contracts, and solicit applications for funding based on the final priorities selected.

The following section presents the proposed priority areas for Fiscal Year 1998 Projects of National Significance. We welcome comments and suggestions. We would also like to receive suggestions on topics which are timely and relate to needs in the developmental disabilities field.

Please be aware that the development of the final funding priority is based on the public comment response to this notice, current agency and Departmental priorities, needs in the field of developmental disabilities and the developmental disabilities network, etc., as well as the availability of funds for this fiscal year.

Part II

Fiscal Year 1998 Proposed Priority Areas for Projects of National Significance

ADD is interested in all comments and recommendations which address areas of existing or evolving national significance related to the field of developmental disabilities.

ADD also solicits recommendations for project activities which will

advocate for public policy change and community acceptance of all individuals with developmental disabilities and families so that such individuals receive the culturally competent services, supports, and other assistance and opportunities necessary to enable them to achieve their maximum potential through increased independence, productivity, and integration into the community.

ADD is also interested in activities which promote the inclusion of all individuals with developmental disabilities, including individuals with the most severe disabilities, in community life; which promote the interdependent activity of all individuals with developmental disabilities and individuals who are not disabled; and which recognize the contributions of these individuals (whether they have a disability or not), as such individuals share their talents at home, school, and work, and in recreation and leisure time.

No proposals, concept papers or other forms of applications should be submitted at this time. Any such submission will be discarded.

ADD will not respond to individual comment letters. However, all comments will be considered in preparing the final funding solicitation announcement and will be acknowledged and addressed in that announcement.

Please be reminded that, because of possible funding limitations, the proposed priority areas listed below may not be published in a final funding solicitation for this fiscal year.

Comments should be addressed to: Reginald F. Wells, Ph.D, Acting Commissioner, Administration on Developmental Disabilities, Administration for Children and Families, Department of Health and Human Services, 370 L'Enfant Promenade, S.W., Washington, D.C. 20447.

Proposed Fiscal Year 1998 Priority Area 1: Unequal Protection Under the Law, Invisible Victims of Crime—Individuals with Developmental Disabilities

With the passage of the *Americans with Disabilities Act* (ADA) many people in the disability community thought it would bring equality under the law: a final fulfillment of their constitutional rights. However, individuals with a developmental disability who are victims of a crime often find the criminal justice system to be less than fair; and to make matters worse the community services meant to assist victims of crime are ill-prepared to meet their needs.

Persons with developmental disabilities have a significantly higher risk of becoming crime victims than non-disabled persons. Differences in victimization rates are most pronounced for the crimes of sexual assault and robbery. There is also a high probability of repeat victimization, because over time those who victimize individuals with disabilities come to regard them as easy prey—where crimes can be committed against them with little chance of detection or punishment.

A recent analysis combining these victimization probabilities with data from the U.S. National Crime Victimization Survey estimates that roughly 5 million serious crimes are committed against persons with developmental disabilities in the U.S. each year.

Research shows that offenders seek victims with disabilities specifically because they are considered to be vulnerable and unable to seek help or report the crime. More than half of the crimes committed against victims with developmental disabilities are never reported to justice authorities, and when they are reported, they are often handled administratively rather than through criminal prosecution. Administrative actions such as licensing sanctions against a group home or the firing of the suspect are common. Such administrative sanctions represent a separate and unequal “justice” system.

When crimes are reported, there are lower rates of police follow-up, prosecution and convictions. When convictions occur, studies show that sentences for crimes committed against individuals with disabilities are lighter, particularly for sexual assault. Possible explanations offered for this are the difficulty of investigating these cases, lack of special police training, no provision of reasonable accommodations, and the negative stereotype held toward people with developmental disabilities.

The Americans with Disabilities Act is a significant tool that can address these extreme disparities in the treatment of people with developmental disabilities in the criminal justice system. Congress clearly intended the ADA to remove barriers to effective participation in all aspects of American society including the justice system. Title II, Part A of the ADA states that “no otherwise qualified individual with a disability shall, by reason of such a disability, be excluded from participation in or denied the benefits of the services, programs or activities of a public entity, or subjected to discrimination by any such entity.” “Public entity” encompasses all police,

probation and law enforcement agencies, correctional facilities, and state and local court systems. Agents of the criminal justice system have a responsibility and obligation to ensure that they do not treat persons with disabilities in a discriminatory manner. However, many of these agents or "public entities" are unsure of the application of ADA to them and/or how to make accommodations for people with physical and mental disabilities. Law enforcement agencies and other entities in the criminal justice system are not alone in their ignorance of their responsibilities under ADA. Many of the victim assistance services programs do not realize their obligations under ADA, thus placing persons with developmental disabilities at a greater risk of harm.

Clearly, more extensive collaboration between the disability community and the criminal justice system is needed to facilitate equal justice for all citizens. ADD would be interested in collaborative projects involving training and education. These two components are critical to the elimination of physical and attitudinal barriers experienced by people with developmental disabilities when they encounter the criminal justice system as victims of crime. Existing curricula need to be tested and further developed; inclusionary methods must be shared. New networks need to be created at the local, state, and national levels allowing for the dissemination of information.

The enormity of this issue will go unknown until there is national data collected on the victimization of people with developmental disabilities. The National Victims Survey collects no data on this population. Research must be conducted identifying the barriers to services. Key to this research would be explanations for why this injustice has continued; what constitutes violence/abuse/neglect in the context of disability; and are the situations for people with disabilities different from the situations in the general population.

ADD would consider projects addressing these areas of concern with the outcome of a criminal justice system that treats its citizens with developmental and other disabilities with equality.

Proposed Fiscal Year 1998 Priority Area 2: Domestic Violence and Women with Developmental Disabilities—The Hidden Violence

In a special report, "Violence Against Women: Estimates from the Redesigned Survey", which presented 1995 data from the National Crime Victimization Survey, it was reported that women

were attacked about six times more often by offenders with whom they had an intimate relationship than were male violence victims during 1992 and 1993. During each year women were the victims of more than 4.5 million violent crimes, including approximately 500,000 rapes or other sexual assaults. Women from 19–29 years of age were more likely than women of other ages to be victimized by an intimate party. Women of all races were about equally vulnerable to attacks. However, women in families with incomes below \$10,000 per year were more likely than other women to be violently attacked.

Persons with developmental disabilities have a 4 to 10 times higher risk of becoming crime victims than non-disabled persons. Differences in victimization rates are pronounced for the crime of sexual assault.

The rates of sexual assault on this population is very alarming. One study found that 83% of women and 32% of men with developmental disabilities in their sample had been sexually assaulted. Other studies have found from 86%–91% of women in their samples had been sexually assaulted. Another study found that of those who were sexually assaulted, 50% had been assaulted 10 or more times.

One of the few studies conducted specifically on the prevalence of abuse among women with disabilities, found little difference in the occurrence of abuse in comparison with non-disabled women. However, it found that women with disabilities may be at greater risk of abuse from health care providers or caregivers. Another difference identified was that the duration of the abuse experienced was longer than for women without disabilities. The reason suggested for this duration finding was that interventions available to non-disabled women may not be available or accessible to women with physical disabilities. Other reasons included a feeling of powerlessness to escape, lack of opportunity to report the abuse, or dependency on their caregiver. Another recent study confirmed these barriers to services plus additional ones and offered recommendations for their elimination.

For the first time in our nation's history we are finally dealing with the issue of domestic violence at a national level. The 1994 *Crime Act* contains the landmark Violence Against Women Act. Implementation of its provisions are under the control of the Violence Against Women Office at the U.S. Department of Justice. Not only does this office provide funding for various programs under the Act but it houses the Advisory Council on Violence

Against Women and operates the Domestic Violence Hotline (1–800–799–SAFE, TDD 1–800–787–3224).

Although women with disabilities are at higher risk for all types of violence, there are no dedicated resources being devoted on a Federal level to decrease or eliminate the violence experienced by these women. The U.S. Department of Justice has just begun to consider people with disabilities in general as targets of violence in regard to hate crimes and victim's assistance.

Projects are needed that would partner programs within the criminal justice system with domestic violence service programs to develop strategies and training for assisting women with developmental and other significant disabilities. Public awareness programs must be developed sensitizing communities about the violence experienced by these women. Data collection programs should include data specifically on the prevalence of violence against women with disabilities and the types of services and supports they require to overcome their victimization. The active involvement of women with disabilities in policy making and service provision at the local, state and Federal levels must be a significant effort of such projects. The results of these types of activities should be the full inclusion of women with disabilities in funding streams and criminal justice strategies as administered by local, state and Federal governments.

Proposed Fiscal Year 1998 Priority Area 3: Healthy Lifestyles and Recreation—Factors Contributing Towards A Quality of Life for Persons With Developmental Disabilities

As more and more people with disabilities in general are having increased life spans due to advancements in medical technologies and innovative scientific research attention must be given toward healthy lifestyles and methods to reduce the effects of aging with a disability. Americans with disabilities strive for equal access to opportunities and programs and services that enable them to experience a quality lifestyle comparable to other Americans and to maintain their independence and function. As some individuals with certain disabilities have experienced physical weaknesses, loss of function, and pain, it has raised questions about what constitutes optimal levels of physical activity or exercise, dietary requirements, and therapies that are helpful in sustaining their standard of life.

A recent ADD report, "Aging and Cerebral Palsy: The Critical Needs", based on a roundtable meeting, articles, research papers, and other publications summarized the major issues of concern of people with cerebral palsy. Some of the issues expressed were related to (1) exercise—inability to determine what type of exercise(s) is best suited to maintain cardio-pulmonary conditioning, physical strength, bone density, coordination, joint mobility and weight control; (2) women's issues—inability to find accurate information and competent medical care (including counseling) when they were younger such as reproductive health care and as they are aging on menopause; (3) quality of medical care—few medical professionals, especially dentists, are familiar with cerebral palsy making it difficult to obtain treatment; (4) emotional and psychological issues—the aging process begins early as overstressed muscles and joints wear out relatively quickly, and people in their 30s and 40s are often ill-equipped to deal with problems that their peers will often not encounter for two more decades; and (5) managed care—these organizations have a mixed history of providing appropriate and timely services to individuals with disabilities, have many financial incentives that may not be congruent with the needs of individuals with disabilities or the philosophy of the disability rights movement, and long-term supports and services may be at particular risk in a managed care environment. Some of these issues are transferable to other types of disabilities. For instance, in one study on breast and cervical cancer screening it was reported that women with disabilities tend to be less likely than women without disabilities to receive pelvic exams on a regular basis, and women with more severe functional limitations are significantly less likely to do so. Women with physical disabilities are at a higher risk for delayed diagnosis of breast and cervical cancer, primarily for reasons of environmental, attitudinal, and information barriers. There are few studies on women with mental retardation or other cognitive disabilities.

At this time there is little research that can provide answers to these questions. Yet the concerns cannot be ignored. There are an estimated 54 million people with a disability within the United States, almost half of whom are considered to have a severe disability. An estimated 4% age 5 and over need personal assistance with one or more activities; over 5.8 million

people need assistance in instrumental activities of daily living (IADL), while 3.4 million need assistance in "activities of daily living" (ADL). As one ages, activity limitations increase along with the need for assistance. Reviewing this data from a purely economic standpoint it makes sense to dedicate some resources to the prevention or alleviation of regressive symptoms that prevent individuals with developmental and other disabilities from functioning at their maximum level.

ADD would support projects that facilitate working partnerships between people representing the issue of consumers, research foundations, physical education/recreation fields, sports/athletic associations, health care organizations, and others such as aging to develop and test guidelines for exercise regimens, examine alternative forms of medicine, foster training programs for health professionals, coordinate and disseminate consumer education materials, promote model programs plus other activities that would lead to factors or indicators of a quality life.

Serious consideration should be given to how the promotion of "wellness" or "staying healthy" for people with developmental and other significant disabilities supports choice of lifestyle that coincides with the philosophy of self-determination. Specialized sports equipment has been designed for use by serious athletes with disabilities, but little information and equipment exists for those people with disabilities who are non-athletes and want to exercise or play. And how can this information be incorporated into generic fitness centers.

Proposed Fiscal Year 1998 Priority Area 4: Promoting Future Partnerships By Minority Institutions and Consumer Organizations With ADD Through Participation in the Projects of National Significance

"People with disabilities have always been excluded from the bounty of our nation's resources. Minorities with disabilities, in particular, have been the most disenfranchised of the disenfranchised. It is time we bring them into the fold as full, first-class participants in our society." (Hon. Rev. Jesse L. Jackson, National Rainbow Coalition).

A 1993 report from the National Council on Disability (NCD), "Meeting the Unique Needs of Minorities with Disabilities", reinforces this statement. After convening a national conference and a public hearing, NCD found that "Persons with disabilities who are also members of minorities face double

discrimination and a double disadvantage in our society. They are more likely to be poor and undereducated and to have fewer opportunities than other members of the population."

The 1990 Census confirmed America's rapidly changing racial profile. According to the census data there are 30 million African Americans (an increase of 13.2% since 1980); 22.4 million Hispanic Americans (an increase of 53%); 7.3 million Asian Americans (an increase of 107.8%); and 2.0 million Native Americans (an increase of 37.9%). In comparison, the European American population grew only 6.0% since 1980. By the year 2000, the nation will have 260 million people, one of every three of whom will be either African-American, Latino, or Asian-American.

As a result of factors such as poverty, unemployment, and poor health status, persons of minority backgrounds are at high risk of disability. Based largely on population projections and substantial anecdotal evidence, it is clear that the number of persons from these minority populations who have disabilities is increasing. Moreover, based on similar projections, the proportion of minority populations with disabling conditions will probably increase at even faster rates than that of the general population.

ADD is determined to build the knowledge and capacity of the organizations and institutions having majority representation of people from diverse ethnic/cultural backgrounds and/or disabilities. In the future, ADD should receive applications that reflect the experiences and perceptions and needs of those diverse populations. To achieve this goal ADD would consider projects that provide training and technical assistance on the grants development process, including developing the financial and managerial capacity to administer a grant; identify and facilitate a network of such organizations or institutions; prepare and disseminate necessary materials; and utilize existing resources. ADD also would support projects that form coalitions of consumer and minority organizations to jointly address this effort.

Proposed Fiscal Year 1998 Priority Area 5: Girl Power! Moving From Despair to Empowerment of Girls with Developmental Disabilities

Unwanted and unplanned teenage pregnancies present a myriad of problems to society, to young parents, and their children. For young mothers who live below the poverty level, as most teenage mothers do, economic

problems are exacerbated by unplanned births. For teenage girls with disabilities, unplanned births compound problems of disability, poverty, and isolation.

Unplanned and unwanted pregnancies continue to be one of the most prevalent problems of our society, involving social, economic, health, and education issues. When unmarried teenagers become parents, they are unlikely to graduate from high school, their career options are usually decreased, and they often require more community services.

Both teenage mothers and their babies are likely to have greater health problems than non-teenage mothers and their children. Babies born to teenagers are often low birth weight. Low birth weight babies can increase the likelihood of certain disabilities. Teenage girls who have unplanned pregnancies often do not have strong academic backgrounds, sophisticated coping skills, or confidence to believe that they can influence their futures.

The U.S. Department of Health and Human Services/Office of the Assistant Secretary for Planning and Evaluation reports that there are approximately 200,000 births a year to girls age 17 and younger. According to the "National Campaign to Prevent Teen-age Pregnancy", approximately four out of ten girls in the United States becomes pregnant at least once before the age of 20. Teenage pregnancy is not a new problem nor considered a problem in some cultures.

However, today in the U.S. most careers depend on knowledge of technology as well as basic skills, and most young women discontinue their educations when they have unplanned or unwanted pregnancies.

Teachers, parents, and community leaders are aware of the importance of a wide range of developmental experiences for young people. However, young women and young people with disabilities continue to experience isolation, fewer opportunities, and lower expectations from their families and communities. Young women with disabilities are especially likely to be denied, in subtle but significant ways, the experiences that provide them with the tools for self-determination. This very point is raised in the "Report from the National Longitudinal Transition Study of Special Education Students. It was found that female 12th-graders with disabilities were much less likely than males to have competitive employment as their postschool goal, a pattern that reflects in their postschool reality. Despite higher academic performance while in school, young women with

disabilities were just as likely as young men to drop out of school, and almost 25% did so because of pregnancy or childrearing responsibilities. Within 3 to 5 years after high school, 30% of young women with disabilities were married and 41% were mothers, a rate that was significantly higher than the reported parenting rate for young men with disabilities (16%) or for young women of the same age in the general population (26%). This raises significant questions about the frequency with which these young women were mothers in their early years after leaving school and why other options such as further schooling or employment were not pursued. School programs chosen by or provided to many young women with disabilities support a postschool path involving home and child care more likely than postsecondary education or employment.

Some studies have shown that people with disabilities and particularly women with disabilities are more likely to be targets of crime and/or abuse. In addition, women with low self-esteem are more vulnerable to relationships that lead to unplanned and unwanted pregnancies.

The Administration on Developmental Disabilities is proposing demonstration projects to address the multiplicity of issues involved with pregnancies among teenagers with developmental and other disabilities. These projects should be collaborative efforts by disability groups, and family planning organizations, and any other public and private community agencies that are addressing this issue. Mentoring models using women with disabilities need to be developed.

(Federal Catalog of Domestic Assistance Number 93.631—Developmental Disabilities—Projects of National Significance)

Dated: March 17, 1998.

Reginald F. Wells,

Acting Commissioner, Administration on Developmental Disabilities.

[FR Doc. 98-8196 Filed 3-27-98; 8:45 am]

BILLING CODE 4184-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review Comment Request; Leukemia and Other Cancers Among Chernobyl Clean-up Workers in Lithuania

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork

Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health (NIH), has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on October 8, 1997, page 52568, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

PROPOSED COLLECTION:

Title: Leukemia and Other Cancers Among Chernobyl Clean-up Workers in Lithuania. *Type of Information Collection Request:* Reinstatement, with change—OMB No. 0925-0401. *Need and Use of Information Collection:* A cohort study will be conducted to investigate the risk of radiation-induced leukemia and other cancers, and of occupationally related cancers, among 7,000 workers from Lithuania who were sent to Chernobyl to clean-up after the accident there in 1986. The workers will be asked to respond to a mail questionnaire or an interview that collects information about specific duties performed during the Chernobyl clean-up, occupational exposures, other cancer risk factors, and incident cancers. The information will be combined with similar information from Estonia and Latvia and used by the National Cancer Institute to determine site-specific risk estimates for cancer based on various exposure patterns. *Frequency of Response:* One time; *Affected Public:* Individuals or households; *Type of Respondent:* Chernobyl Workers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 1,867; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* 1; and *Estimated Total Annual Burden Hours Requested:* 1,867. There are no Capital Costs, Operating and/or Maintenance Costs to report.

REQUEST FOR COMMENTS: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the