

Board of Governors of the Federal Reserve System, February 3, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-3043 Filed 2-6-97; 8:45 am]

BILLING CODE 6210-01-F

FOREIGN RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 10:00 a.m., Wednesday, February 12, 1997.

PLACE: Marriner S. Eccles Federal Reserve Board Building, C Street entrance between 20th and 21st Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.

2. Any items carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION:

Mr. Joseph R. Coyne, Assistant to the Board; (202) 452-3204. You may call (202) 452-3207, beginning at approximately 5 p.m. two business days before this meeting, for a recorded announcement of bank and bank holding company applications scheduled for the meeting.

Dated: February 5, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97-3167 Filed 2-5-97; 10:12 am]

BILLING CODE 6210-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Minority Health; Notice of a Cooperative Agreement With Central State University

The Office of Minority Health (OMH) announces that it will enter into a cooperative agreement with Central State University to support a Family and Community Violence Prevention Program.

The purpose of the Family and Community Violence Prevention Program is to positively impact the increasing incidence of violence and abusive behavior in low income, at-risk communities through the mobilization of community partners to address these

issues. In order to have an effect on this trend, interventions conducted through partnerships must be directed to the individual, the family and the community as a whole, and must be designed to impact the academic and personal development of those who are at risk.

This cooperative agreement is intended to demonstrate the merit of programs that involve partnerships between community institutions and Family Life Centers to spearhead a community effort to improve the quality of life for all community residents.

Authority

This cooperative agreement is authorized under section 1707(d)(1) of the Public Health Service Act, 42 U.S.C. 300u-6(d)(1).

Background

Assistance will be provided only to Central State University of Wilberforce, Ohio. No other applications are solicited. Central State University is uniquely qualified to administer this cooperative agreement because it has:

1. developed an infrastructure to manage a multi-faceted demonstration program coordinated among widely dispersed institutions of higher education addressing the issues of family and community violence;
2. in place a management staff with the background and experience to guide, develop and evaluate a multimillion dollar demonstration program;
3. established a relationship with a network of institutions of higher education actively involved in programs to prevent family and community violence;
4. demonstrated an ability to bring together individual schools to function as a cohesive unit in addressing common issues and goals;
5. experience in carrying out a program designed to reduce the incidence of violence and crime; and
6. demonstrated through past activities its ability to pull together experts in the field of violence prevention to serve in an advisory capacity to a multi-year project.

Approximately \$4,800,000 (indirect and direct costs) is available in FY 1997 to fund this cooperative agreement. The project is expected to begin on September 30, 1997, for a 12-month budget period within a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory performance and availability of funds.

Violent and abusive behavior exacts a large toll on the physical and mental health of Americans. According to the

Healthy People 2000 Midcourse Review and 1995 Revisions, the United States ranks first among industrialized nations in violent death rates, with homicide and suicide claiming more than 50,000 lives each year. An additional 2.2 million people are injured by violent assaults annually. According to this report, morbidity and mortality due to violence show some disturbing trends. Youth are increasingly involved as both perpetrators and victims of violence. In 1992, the homicide rate for young black men exceeded that of young white men by as much as 8 times. Women are frequent targets of both physical and sexual assault, often perpetrated by spouses, ex-spouses, intimate partners, or others known to them. Women with family incomes under \$9,999 had the highest rates of violence attributable to an intimate while those with family incomes over \$30,000 had the lowest rates.

Blacks are disproportionately represented among both violent crime offenders and victims. While blacks constituted 12 percent of the U.S. population in 1993, in that same year they represented 58 percent of persons arrested for murder, 41 percent arrested for rape, 62 percent arrested for robbery, and 40 percent arrested for aggravated assault (Bureau of Justice Statistics, 1994). Arrest data also indicate that violent crime, especially murder, involve intraracial victims-offender relationship patterns. In 1993, 94 percent of black murder victims were killed by black offenders and 84 percent of white murder victims were killed by white offenders (Department of Justice, 1993).

According to the National Center on Child Abuse and Neglect, an estimated 2.9 million children were reported as alleged victims of maltreatment in 1994. Of the investigation dispositions, 1.0 million were determined to have been victims of either substantiated or indicated maltreatment. Of these, 53 percent suffered from neglect, 26 percent were physically abused, 14 percent were sexually abused, 3 percent suffered from medical neglect, 5 percent from emotional maltreatment, 15 percent from other types of maltreatment, and 4 percent unknown. About 27 percent were 3 years old or younger, 20 percent were age 4 to 6, 17 percent were 7 to 9, 15 percent were between 10 and 12, and 21 percent were teenagers (13 to 18). Of those cases where states reported race/ethnicity, 56 percent of the victims were white, 26 percent were African American, 9 percent Hispanic, 2 percent Native American, and less than 1 percent Asian/Pacific Islander.

According to the National Committee for Prevention of Child Abuse, abused children have been found to have lower cognitive maturity and more severe behavior problems than children who have not been abused. Abused children are also at increased risk for the extremes of risk-seeking or risk-avoiding behaviors. Maltreated children experience significant problems including poor social skills, aggressiveness and emotional unresponsiveness.

Troublesome and delinquent children are more likely to come from troubled families and neighborhoods. Delinquency is not a problem that appears alone. Delinquent youths are also at higher-than-average risk for drug use, problems in school, dropping out of school, and teenage pregnancy (Elliott, Huizinga, and Menard, 1989; Greenwood, 1993). The recognition that problems in school or early dropout are primary risk factors for juvenile delinquency and drug use have led to the development of a wide range of interventions. Unfortunately, many of these efforts have not been evaluated, and most of those evaluated have produced negligible impacts (Tolan and Guerra, 1994), particularly on later delinquency. When asked, students who have been victims of violence and those at greater risk of being victims are more likely to express concern about relations with their parents. One-fourth of students (25%) say they sometimes wonder if their parents really love them. Minority students are more concerned than white students. One-third of African-American (32%), and Hispanic (34%) students say this statement is true for them as compared with one in five white students (22%).

The 1985 Report of the Secretary's Task Force on Black and Minority Health provided a national focus on violence as a leading public health problem in the United States. Since that time, public health strategies to prevent death and disability due to violent and abusive behavior have emerged across the country. The Health People 2000 Midcourse Review and 1995 Revision identified the following strategies for addressing violence in communities at high risk: promoting awareness of violence as a public health problem, taking more aggressive steps to counter the high rates of physical abuse and violence against women, offering alternative school and community-based activities for youth, and increasing collaboration and partnerships between State and local public health agencies with mental health and substance abuse programs.

Project Requirements

The cooperative agreement will include substantive involvement of both the recipient and the Federal Government. At a minimum, the following expectations are anticipated:

Recipient Responsibilities

(1) Central State University will solicit proposals from four year undergraduate institutions historically identified as providing education primarily to minority students, or having a majority enrollment of minority students for the purposes of carrying out a program to positively impact the increasing incidence of violence and abusive behavior in low income, at-risk communities. Up to 19 institutions will be selected, based on criteria development in conjunction with OMH staff, to received awards of approximately \$200,000 per year. Special consideration will be given to those institutions which currently have Family Life Centers with support from Central State University. (2) Central State University will participate with OMH in the selection of the institutions, and provide funding to conduct comprehensive programs of support and education for a defined community. The selected institutions must:

- Establish a Family Life Center (FLC) within a 10 mile radius of the target community to facilitate access to the program's services/activities on a regular basis. The FLC can be located at a site of the undergraduate school, or at a facility of a community institution with which it has established a partnership. The FLC is to be open year round, with activities/services offered at various times (e.g. weekdays, evenings, weekends) to accommodate the target group(s).

- Offer project activities in the areas of Academic Development Personal Development, Cultural/Recreational Enrichment, and Career Development.

- Offer opportunities for community youth to participate in activities on campus or other appropriate sites, including a summer academic enrichment program of at least 3 week in length for middle and high school students.

- Formalized arrangements/partnerships with appropriate community groups, involving tangible, in-kind contributions from each of the collaborating partners.

(3) Central State University will utilize a Management Team to oversee the Family and Community Violence Prevention Program.

(4) Central State University will select up to 10 individuals to serve on an

Advisory Board to provide guidance and technical advice to the Management Team. A meeting limited to this Board will be held once per year.

(5) Central State University will convene a yearly meeting of the Family Life Centers to discuss common goals and direction, and exchange information on various approaches and evaluation strategies.

(6) In addition to the yearly Advisory Board meeting, Central State University will convene an annual meeting of Family Life Center Directors and Evaluators, and the Advisory board to facilitate a discussion surrounding program activities, evaluation, and future direction.

(7) Central State University will monitor the activities of the funded institutions to ensure compliance with the intent of the program.

(8) Central State University will conduct a yearly evaluation of the activities of each of the funded institutions, as well as the overall project.

OMH Responsibilities

Substantial programmatic involvement is as follows:

(1) OMH will provide technical assistance and oversight as necessary for the overall design of the Family and Community Violence Prevention Program.

(2) OMH will develop the evaluation criterion for the selection and funding of applications.

(3) OMH will participate with Central State University in the review and selection of applications and ensure the absence of conflict of interest in the review process.

(4) OMH will have final approval of the Advisory Board membership.

(5) OMH will provide assistance to the Management Team on program strategies, direction, evaluation activities, and decisions related to adjustments in funding levels of participating institutions.

(6) OMH will participate in the planning of and attend the annual Advisory Board Meeting, the annual meeting of the Family Life Centers, and the annual meeting of the Family Life Center Directors/Evaluators and the Advisory Board.

(7) OMH will participate in site visits to the participating institutions as deemed appropriate by OMH staff.

Where to Obtain Additional Information

If you are interested in obtaining additional information regarding this project, contact Ms. Cynthia H. Amis, Director, Division of Program

Operations, Office of Minority Health, 5515 Security Lane, Suite 1000, Rockville, Maryland 20852, telephone number (301) 594-0769.

The Catalog of Federal Domestic Assistance number is 93.910.

Dated: January 13, 1997.

Clay E. Simpson, Jr.,
Deputy Assistant Secretary for Minority Health.

[FR Doc. 97-3017 Filed 2-6-97; 8:45 am]

BILLING CODE 4160-17-M

Meeting of Commission on Dietary Supplement Labels

AGENCY: Office of Disease Prevention and Health Promotion.

ACTION: Commission on Dietary Supplement Labels: Notice of meeting #8.

SUMMARY: The Department of Health and Human Services (HHS) is providing notice of the eighth meeting of the Commission on Dietary Supplement Labels.

DATES: The Commission intends to hold its meetings on March 4, 1997 from 1:00 p.m. to approximately 5:00 p.m., E.S.T., at the Omni Hotel, 101 West Fayette Street, Baltimore, Maryland 21201. The meeting is open to the public; seating is limited.

FOR FURTHER INFORMATION CONTACT: Kenneth D. Fisher, Ph.D., Executive Director, Commission on Dietary Supplement Labels, Office of Disease Prevention and Health Promotion, Room 738G, Hubert H. Humphrey Building, 200 Independence Ave., SW., Washington, DC 20201, (202) 690-7102.

SUPPLEMENTARY INFORMATION: Public Law 103-417, Section 12, authorized the establishment of a Commission on Dietary Supplement Labels whose seven members have been appointed by the President. The appointments to the Commission by the President and the establishment of the Commission by the Secretary of Health and Human Services reflect the commitment of the President and the Secretary to the development of a sound and consistent regulatory policy on labeling of dietary supplements.

The Commission is charged with conducting a study and providing recommendations for regulation of label claims and statements for dietary supplements, including the use of supplemental literature in connection with their sale and, in addition, procedures for evaluation of label claims. The Commission is expected to evaluate how best to provide truthful, scientifically valid, and non-misleading information to consumers in order that

they may make informed health care choices for themselves and their families. The Commission's study report may include recommendations on legislation, if appropriate and necessary.

The Commission meeting agenda will include approval of minutes of the previous meeting, determination of the appropriateness and possible date for release of the Commission's final draft report for public review, review of certain materials drafted for possible inclusion in the Commission's report, and discussion of the process for review of Commission's final draft report. In addition, the Commission has requested further comments from several organizations that previously provided testimony and statements concerning (1) regulatory management of herbal remedies, and (2) possible use of third parties for evaluation of dietary supplement label claims. Oral statements and the required written statements of invited parties are to be restricted to additional views, data, and comments on these two topics. If time permits after the statements of the invited organizations, the Chair may allow brief oral statements from other interested parties and persons concerning these two topics.

The meeting is open to the public; however seating is limited. If you will require a sign language interpreter, please call Sandra Saunders (202) 690-7102 by 4:30 p.m. E.S.T. on February 24, 1997.

Dated: January 30, 1997.

Linda D. Meyers,

*Acting Deputy Director, Office of Disease Prevention and Health Promotion,
Department of Health and Human Services.*

[FR Doc. 97-3018 Filed 2-6-97; 8:45 am]

BILLING CODE 4160-17-M

National Institutes of Health

National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of General Medical Sciences Special Emphasis Panel meeting:

Name of Committee: Structural Biology of AIDS Related Proteins.

Date: February 18, 1997.

Time: 1:00 p.m.—until conclusion (approximately 3 hours).

Place: Natcher Building—Room 1 AS-13, 45 Center Drive, Bethesda, Maryland 20892-6200 (Telephone Conference).

Contact Person: Arthur L. Zachary, Ph.D., Scientific Review Administrator, NIGMS, Office of Scientific Review, 45 Center Drive,

Room 1AS-13, Bethesda, MD 20892-6200, 301-594-2886.

Purpose: To evaluate program project proposals.

This notice is being published less than 15 days prior to the meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

This meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5 U.S.C. The discussions of these proposals could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program Nos. 93.821, Biophysics and Physiological Sciences; 93.859, Pharmacological Sciences; 93.862, Genetics Research; 93.863, Cellular and Molecular Basis of Disease Research; 93.880, Minority Access Research Careers [MARC]; and 93.375, Minority Biomedical Research Support [MBRS])

Dated: January 31, 1997.

Paula N. Hayes,

Acting Committee Management Officer, NIH.

[FR Doc. 97-3077 Filed 2-6-97; 8:45 am]

BILLING CODE 4140-01-M

National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of General Medical Science meeting:

Committee Name: Minority Program Review Committee MARC, Minority Access to Research Careers Sub-Committee.

Date: February 20-21, 1997.

Time: 8:30 a.m.—adjournment.

Place: Natcher Conference Center, 45 Center Drive—Conference Room C1/C2, Bethesda, MD 20892-6200.

Contact Person: Richard I. Martinez, Ph.D., Scientific Review Administrator, NIGMS, 45 Center Drive, Room 1AS-19G, Bethesda, MD 20892-6200, 301-594-2849.

Purpose: To review institutional research training grant applications.

This meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5 U.S.C. The discussions of these applications could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program Nos. 93.821, Biophysics and Physiological Sciences; 93.859, Pharmacological Sciences; 93.862, Genetics Research; 93.863, Cellular and Molecular Basis of Disease Research; 93.880, Minority