DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

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Availability of Funds for a Cooperative Agreement To Prevent Cancer in Minority Populations

AGENCY: Office of Minority Health, Office of the Assistant Secretary for

Health. **ACTION:** Notice.

Introduction

The Office of Minority Health (OMH) of the U.S. Public Health Service (PHS) announces the availability of Fiscal Year 1995 funds to support one demonstration cooperative agreement to establish a cancer prevention project in Philadelphia, Pennsylvania.

The OMH is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the health status, risk reduction and services and protection objectives for Health People objective priority area Number 16, cancer.

Authorizing Legislation

This cooperative agreement is authorized under Section 1707(d)(1) of the Public Health Service Act, as amended by Public Law 101–527.

Availability of Funds

Approximately \$250,000 (direct and indirect costs) will be available in Fiscal Year 1995 to fund one cooperative agreement. Support may be requested for a project period not to exceed 3 years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds. The funding estimate may vary and is subject to change.

Background

Since the publication of the Report of the Secretary's Task Force on Black and Minority Health, the OMH and all PHS agencies have made a commitment to reduce the excessive burden of disability and death borne by minority populations in the United States.

Congress has expressed a commitment to providing comprehensive primary health care services for urban city minorities: Asian Americans/Pacific Islanders; American Indians/Alaska Natives; Blacks; and Hispanics, with the objective of reducing the excessive

burden of disability and death within these populations. Congress is concerned about the increasing rate of cancer among the nation's minority populations and has expressed particular interest about the high rates in urban areas such as North Philadelphia. For example, in 1992, of the 173 cases of buccal cavity and pharynx cancer in males in Philadelphia, Black males had 92, or 53.4% of the cases. In the same year, of the 91 cases of esophagus cancer in Philadelphia's male population, Black males had 49 of the cases, or 53.8%. Of the 4,090 all cancer sites in males in Philadelphia, Black men had 1,727, or 35.1%. For all cancer sites for women, Black women had 2,547 of the 4,702 cases or 32.9%.

The high rates of cancer mortality in Philadelphia for the non-white population, supports the need to develop and deliver cancer services to diverse minority populations in order to study ways to improve mortality rates in urban areas.

Congress has recommended that the Office of Minority Health conduct a cancer outreach and service program in an urban area, such as Philadelphia. OMH plans to fund a cancer program in North Philadelphia to address these concerns.

Applicants should possess the following capabilities:

- (1) Has the ability and track record to conduct a comprehensive needs assessment of the prevalence and impact of cancer on minorities in North Philadelphia compared to other parts of the city, the county, the state and the nation.
- (2) Has a developed and expanded infrastructure to provide comprehensive cancer reduction health care services for high risk minorities who reside in North Philadelphia. Furthermore, the health care services are aimed at reducing unnecessary morbidity and cancer mortality rates among targeted low income minority populations of the service area.
- (3) Has a comprehensive cancer care program embracing four components of care: the medical component, which consists of some combination of surgical, chemical and/or radiation therapy; the oral health component, which identifies linkages with the dental community, particularly minority dentists; the psychological component, in which the emotional needs of cancer patients are addressed; and the prevention component, which stresses behavioral changes in smoking and dietary practices, and education and cancer awareness programs.

(4) Is a teaching hospital in North Philadelphia which focuses on serving low-income minority populations.

(5) Has developed cancer research component to enhance treatment modalities and prevention strategies to target minority populations.

(6) Has demonstrated outreach linkages with minority neighborhoods through cancer screening in the community; and by promoting cancer prevention at community health fairs, through neighborhood businesses, and religious organizations.

(7) Has trained healthcare professionals with the work experience and track record of providing culturally appropriate outreach, screening and health care to Black, Hispanic, Native American and Asian populations, including the ability to communicate in a variety of languages.

Applicant Eligibility

Eligible applicants are public and private non-profit organizations with demonstrated capability to serve the target population in North Philadelphia. Only teaching hospitals located in North Philadelphia should apply.

The community served by the applicant should have a minority population (Black American and/or Hispanic/Latino) in excess of 60 percent, an unemployment rate exceeding the national average by at least 25 percent, and a poverty rate at least twice the national average.

Program 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) The recipient shall conduct a comprehensive needs analysis of cancer prevalence in the North Philadelphia community and document cancer rates for various types of cancers, i.e., breast, cervical, prostrate, lung, skin, oral, etc., in the target area; compare prevalence to other areas of the county, state and the nation in order to justify the need, and justify the need to select specific types of cancer for the study.

(2) The recipient shall design a model for minorities in high risk, low income, urban communities which is integrated, culturally and linguistically sensitive community-based cancer outreach program. The model shall embody the four basic components of care: the medical component, which consists of some combination of surgical, chemical and/or radiation therapy; oral health component which includes linkages