

reproduction at the address in item h above.

**Linwood A. Watson, Jr.,**

*Acting Secretary.*

[FR Doc. 99-9363 Filed 4-14-99; 8:45 am]

BILLING CODE 6717-01-M

## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than May 10, 1999.

**A. Federal Reserve Bank of Chicago** (Philip Jackson, Applications Officer)  
230 South LaSalle Street, Chicago,  
Illinois 60690-1413:

1. *Ogden BancShares, Inc.*, Ogden, Iowa; to acquire 100 percent of the voting shares of Community Bank of Boone, Boone, Iowa (in organization).

Board of Governors of the Federal Reserve System, April 12, 1999.

**Robert deV. Frierson,**

*Associate Secretary of the Board.*

[FR Doc. 99-9441 Filed 4-14-99; 8:45 am]

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## FEDERAL RESERVE SYSTEM

### Federal Open Market Committee; Domestic Policy Directive of February 2-3, 1999

In accordance with § 271.5 of its rules regarding availability of information (12 CFR part 271), there is set forth below the domestic policy directive issued by the Federal Open Market Committee at its meeting held on February 2-3, 1999.<sup>1</sup> The directive was issued to the Federal Reserve Bank of New York as follows:

The information reviewed at this meeting suggests that the economy expanded rapidly in the closing months of 1998. Nonfarm payroll employment posted strong gains in November and December, and the civilian unemployment rate fell to 4.3 percent in December. Total industrial production strengthened in the fourth quarter, owing in large measure to a surge in the production of motor vehicles and parts. Total retail sales rose sharply in the fourth quarter, and home sales and housing starts increased appreciably. Available indicators suggest that business capital spending picked up markedly in the fourth quarter after a lull in the third. In November, the nominal deficit on U.S. trade in goods and services was somewhat larger than in October, but the combined October-November deficit was slightly smaller than its third-quarter average. Inflation has remained subdued despite very tight labor markets.

Most short-term interest rates have declined somewhat on balance since the meeting on December 22, while longer-term rates have changed little. Share prices in equity markets have posted further sizable gains on balance over the intermeeting period. In foreign exchange markets, the trade-weighted value of the dollar has depreciated slightly over the period in relation to other major currencies but it has appreciated somewhat in terms of the currencies of a broader group that also includes other important trading partners of the United States.

M2 and M3 continued to record very large increases in late 1998, but available data pointed to some moderation in January. From the fourth quarter of 1997 to the fourth quarter of 1998, both aggregates rose at rates well above the Committee's annual ranges. Total domestic nonfinancial debt

<sup>1</sup> Copies of the Minutes of the Federal Open Market Committee meeting of February 2-3, 1999, which include the domestic policy directive issued at that meeting, are available upon request to the Board of Governors of the Federal Reserve System, Washington, D.C. 20551. The minutes are published in the Federal Reserve Bulletin and in the Board's annual report.

expanded at a pace somewhat above the middle of its range in 1998.

The Federal Open Market Committee seeks monetary and financial conditions that will foster price stability and promote sustainable growth in output. In furtherance of these objectives, the Committee at this meeting established ranges for growth of M2 and M3 of 1 to 5 percent and 2 to 6 percent respectively, measured from the fourth quarter of 1998 to the fourth quarter of 1999. The range for growth of total domestic nonfinancial debt was set at 3 to 7 percent for the year. The behavior of the monetary aggregates will continue to be evaluated in the light of progress toward price level stability, movements in their velocities, and developments in the economy and financial markets.

To promote the Committee's long-run objectives of price stability and sustainable economic growth, the Committee in the immediate future seeks conditions in reserve markets consistent with maintaining the federal funds rate at an average of around 4-3/4 percent. In view of the evidence currently available, the Committee believes that prospective developments are equally likely to warrant an increase or a decrease in the federal funds rate operating objective during the intermeeting period.

By order of the Federal Open Market Committee, April 7, 1999.

**Donald L. Kohn,**

*Secretary, Federal Open Market Committee.*

[FR Doc. 99-9377 Filed 4-14-99; 8:45 am]

BILLING CODE 6210-01-F

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Health Care Policy and Research

#### Request for Planning Ideas

**AGENCY:** Agency for Health Care Policy and Research, HHS.

**ACTION:** Notice.

**SUMMARY:** The Agency for Health Care Policy and Research (AHCPR) invites recommendations for future initiatives in areas identified as priorities in the Agency's current strategic plan. This plan describes the framework that the Agency will use to guide the development of budget proposals for Fiscal Years 2000, 2001, and 2002 as well as decisions on resource allocations for research, translation (including tool development), dissemination, and evaluation activities that will facilitate the implementation of

research findings at all levels of the health care system.

### Nature of Recommendations

AHCPR encourages written suggestions from its customers and stakeholders for future Agency activities. Submissions should provide the following:

- A description of the focus of the activity and its alignment with Agency priorities;
- The gap addressed by the proposal;
- The population addressed by the activity;
- An indication of the health care issues that are of most concern for the proponent (of the activity);
- Background information to help AHCPR assess the urgency of the need for the results of the proposed projects (i.e., realizing that projects undertaken by the Agency will take a year (minimally) to begin, what is the magnitude of the problem addressed, how soon could the results be implemented, and what change would be anticipated);
- An estimate of the budget required to adequately address the proposed activity;
- Potential partners for the Agency; and
- A description of the desired end product(s) (research knowledge; information; tools such as instruments for measurements, databases, informatics, and other applications that can be used to assess and improve care; or systems intervention) and how the product will be used in the health care system.

**DATES:** Responses to this request will be accepted on an ongoing basis.

**ADDRESSES:** Submission should be brief (no more than three pages) and may be in the form of a letter, preferably with an electronic file in a standard word processing format on a 3½ floppy disk, or e-mail. Responses to this request should be submitted to: Lisa Simpson, M.B., B.Ch., M.P.H., Deputy Administrator, Agency for Health Care Policy and Research, 2101 E. Jefferson Street, Suite 600, Rockville, Maryland 20852, [lsimpson@ahcpr.gov](mailto:lsimpson@ahcpr.gov).

All responses will be available for public inspection at AHCPR's Immediate Officer of the Administrator, weekdays between 8:30 a.m. and 5 p.m. AHCPR will not respond to individual responses, but will consider all nominations in selecting topics. AHCPR routinely publishes new research interests, policies, and initiatives in the **Federal Register** (see GPO Access web site [http://www.access.gpo.gov/su\\_docs/aces/aces140.html](http://www.access.gpo.gov/su_docs/aces/aces140.html)) and the NIH Guide

for Grants and Contracts (see Funding Opportunities through AHCPR's web site <http://www.ahcpr.gov>). The budget priorities for each fiscal year are published in the President's budget for the Department of Health and Human Services (<http://www.hhs.gov/progorg/asmb/budget/fy2000.html>).

Arrangements for reviewing the submissions may be made by calling (301) 594-0152. Responses may also be accessed two weeks after receipt by the Agency through AHCPR's Electronic FOIA Reading Room also on AHCPR's web site.

**FOR FURTHER INFORMATION CONTACT:** Additional information about AHCPR can be accessed on the AHCPR web site. In particular the AHCPR strategic plan is available at <http://www.ahcpr.gov/about/stratpln.htm>.

Information about topic nomination can be obtained by contacting: Jane Osborne, Planning Officer, Immediate Office of the Administrator, 2101 E. Jefferson St., Suite 600, Rockville, Maryland 20852; telephone (301) 594-0152; E-mail address: [josborne@ahcpr.gov](mailto:josborne@ahcpr.gov).

In order to facilitate the handling of submissions, please include full information about the person submitting the recommendation: (a) Name, (b) title, (c) organization, (d) mailing address, (e) telephone number, and (f) e-mail address. Please do not use acronyms. Electronic submissions are also encouraged to [lsimpson@ahcpr.gov](mailto:lsimpson@ahcpr.gov).

### SUPPLEMENTARY INFORMATION:

#### Background

The mission of AHCPR is to support, conduct, and disseminate research that improves access to care as well as the outcomes, quality, cost, and utilization of health care services. The Agency sponsors and conducts health care research that helps the American health care system, which includes patients, providers, plans, purchasers and policymakers, provide access to high quality, cost-effective services; be accountable and responsive to consumers and purchasers; and improve health status and quality of life.

Wide variations in practice patterns, quality, and outcomes continue, and a gap persists between what we know and the care that we deliver. It is clear today that AHCPR now has knowledge of what can be improved and can commit to a significant investment in promoting the adoption and use of research findings. This commitment also focuses on being able to demonstrate that the potential benefits demonstrated by the research are actually achieved in daily practice. This must be done while continuing to

support new research on priority health issues and the development of new tools, so that in the future this knowledge and the new tools based on research findings can be translated and implemented to produce improved health care.

### AHCPR Strategic Goals

The Agency has identified three strategic goals, each of which will contribute to improving the quality of health for all Americans.

#### 1. Support Improvements in Health Outcomes

The field of health outcomes research studies the end results of the structure and processes of health care on the health and well-being of patients and populations.<sup>1</sup> A unique characteristic of this research is the incorporation of the consumer's or patient's perspective in the assessment of effectiveness. Policymakers in the public and private sectors are also concerned with the end results of their investments in health care, whether at the individual, community, or population level.

High priority for AHCPR's outcomes research will be given to research relating to conditions that are common, expensive, and/or for which significant variations in practice or opportunities for improvement have been demonstrated. Also important is research linking types of delivery systems or processes by which care is provided with their effects on outcomes, as well as, research on clinical preventive services that may prevent premature death and disability in the United States.

#### 2. Strengthen Quality Measurement and Improvement

At its most basic level, high quality health care is doing the right thing, at the right time, in the right way, for the right person. The challenge that clinicians and health system managers face every day is knowing what the right thing is, when the right time is, and what the right way is. Patients and their families are also confronted with making choices about treatments and care settings with little information on the relative quality, risks, and benefits of the options available to them. Policy makers, at all levels, also need quality information to support their deliberations.

AHCPR's second research goal will include developing and testing measures of quality, as well as studying the best ways to collect, compare, and communicate these data. The Agency

<sup>1</sup> Institute of Medicine, 1996.

will also focus on research that determines the most effective way to improve health care quality. This includes how to promote the use of information on quality through a variety of strategies such as determining effective ways to disseminate the information and illustrating the impact that the use of quality information can have on the provision and financing of health care.

### *3. Identify Strategies To Improve Access, Foster Appropriate Use, and Reduce Unnecessary Expenditures*

Adequate access to health care services continues to be a challenge for many Americans. This is particularly so for the poor, the uninsured, members of minority groups, rural residents, and other vulnerable populations. In addition, the changing organization and financing of care has raised new questions about access to a range of health services, including emergency and specialty care. At the same time, examples of inappropriate use of care, including overutilization and misuse of services, continue to be documented.

The increasing portion of our Nation's resources devoted to health care expenditures remains a concern, with some indicators suggesting that the rate of increase may accelerate once again. The continued growth in public spending for Medicare and Medicaid, in particular, raises important questions about the care delivered to the elderly, poor, and people with disabilities. Together, these factors require concerted attention to the determinants of access, use, and expenditures as well as effective strategies to improve access, contain costs, and assure appropriate and timely use of effective services.

#### *Priority Populations*

In addition to the strategic research goals, certain population groups warrant a special focus from AHCPR and the health services research community: racial and ethnic minorities, women, children, the elderly, low-income populations, people living in rural areas, and people living with chronic illnesses and/or disabilities. These are all groups for whom public policy struggles to find effective solutions to improve health care. Health services research has consistently documented the persistent, and at times great, disparities in health status and access to appropriate health care services for certain groups, notably racial and ethnic minorities and low income families and children. Gender-based differences in access, quality, and outcomes are also widespread; but whether these differences should be eliminated or are

appropriate is not well understood. Despite the dramatic changes occurring in the organization and financing of children's health services, the knowledge base for guiding these changes or assessing their impact is less well developed than that for adults. Health care issues that exist for the elderly and for people with chronic illnesses and disabilities also require attention. Health services research should do a better job of bringing science-based information to bear on these disparities so that the health of these groups is enhanced.

#### *Training*

AHCPR invests in the training of health services researchers to address the research and analytic needs of the changing health care system. Areas of focus include: (1) Training that is designed to reflect and incorporate evolving innovations in data systems and research tools so that the researchers of the future not only identify and address significant research questions, but also employ cutting edge methodological, analytic, and data handling techniques, including appropriate privacy and confidentiality safeguards; (2) training that allows new investigators to obtain additional, concentrated research experience to facilitate the transition from a trainee or fellow status to that of an independent investigator with an established area of research expertise and demonstrated productivity; (3) training that provides a solid foundation in general health services research methods and concepts within a multidisciplinary environment with special emphasis placed on the unique needs of the identified population groups, i.e., minority populations and children. As part of this initiative, AHCPR is interested in recruiting Historically Black Colleges and Universities and Hispanic Serving Institutions to apply independently or in partnership with other institutions, to develop programs to train minority investigators; and (4) training that focuses on conducting research using personally identifiable health care information without injury or disclosure to individuals. This training will directly address the growing concerns about the privacy of health care information.

#### **Types of ACHPR Activities in Support of the Goals**

Producing meaningful contributions to the Nation and to research on health care requires continuous activity focused on iterative improvement in priority setting, on developing research initiatives, and on research products

and processes. The following research cycle describes the processes AHCPR uses to conduct its ongoing activities in order to make the most productive use of its resources.

#### *1. Needs Assessment*

AHCPR conducts needs assessments through a variety of mechanisms including expert meetings, conferences, and consultations with stakeholders and customers of its research, publishing notices for comment in the **Federal Register**, as well as regular meetings with its National Advisory Council and government leaders. The results of these assessments are used to determine and prioritize information needs.

#### *2. Knowledge Creation*

AHCPR supports and conducts research to produce the next generation of knowledge needed to improve the health care system. Building on the last 10 years of investment in outcomes and health care research, AHCPR will focus on national priority areas for which much remains unknown.

#### *3. Translation and Dissemination*

Simply producing knowledge is not sufficient; findings must be useful and made widely available to practitioners, patients, and other decisionmakers. In order to accelerate the pace of quality improvement the focus must be on closing the gap between what we know and what we do. The Agency will systematically identify priority areas for improving care through integrating findings into practice and will determine the most effective ways of doing this. Additionally, AHCPR will continue to synthesize and translate knowledge into products and tools based on research findings that support its customers in problem-solving and decision making. It will then actively disseminate the knowledge, products, and tools to appropriate audiences. Effective dissemination involves forming partnerships with other organizations and leveraging resources.

#### *4. Evaluation*

Knowledge development is a continuous process. It includes a feedback loop that depends on evaluation of the research's utility to the end user and impact on health care. In order to assess the ultimate outcomes of AHCPR research, the Agency is placing increased emphasis on the evaluation of the impact and usefulness of Agency-supported work in health care settings and policymaking. The evaluation activities will include a variety of projects, from smaller, short-term projects that assess process, outputs,

and interim outcomes to larger, retrospective projects that assess the ultimate outcomes/impact of AHCPR activities on the health care system.

#### AHCPR Customers

The AHCPR research agenda is designed to be responsive to the needs of its customers/stakeholders and what they value in health care. These include consumers and patients; clinicians and other providers; institutions; plans; purchasers; and policymakers in all sectors (e.g., Federal, State, and local governments; voluntary associations; international organizations; and foundations). All of these customers require evidence-based information to inform health policy decisions. Health policy choices in this context represent three general levels of decisionmaking: (1) Clinical Policy Decisions—Information is used every day by clinicians, consumers, patients, and health care institutions to make choices about what works, for whom, when, and at what cost. (2) Health Care System Policy Decisions—Health plan and system administrators and policymakers are confronted daily by choices on how to improve the health care system's ability to provide access to and deliver high-quality, high-value care. (3) Public Policy Decisions—Information is used by policymakers to expand their capability to monitor and evaluate the impact of system changes on outcomes, quality, access, cost, and use of health care and to devise policies designed to improve the performance of the system. These decisions include those made by Federal, State, and local policymakers and those that affect the entire population or certain segments of the public.

In summary, AHCPR seeks suggestions for agency activities within the framework of priorities set out in the AHCPR strategic plan goals, activities, and customers, as described above.

Dated: March 31, 1999.

**John M. Eisenberg,**

*Administrator.*

[FR Doc. 99-9445 Filed 4-14-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 99040]

#### Cooperative Agreement for the Development of a National Public Health Information Infrastructure Notice of Availability of Funds

##### A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year FY 1999 funds for a cooperative agreement program for the development of a national public health information infrastructure. This program addresses the "Healthy People 2000" priority area of Educational and Community-Based Programs.

The purpose of this program is to provide State health departments with local and national access to news media for coverage of health emergencies and opportunities to tell the stories of prevention; identify methods to provide health communication to State health departments; and to elicit the coordination and cooperation of other national, public, private, and voluntary agencies in promoting public health information.

##### B. Eligible Applicant

Assistance may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments and their bona fide agents, and federally recognized Indian tribal governments, Indian tribes, or Indian tribal organizations.

**Note:** Pub. L. 104-65 states that an organization described in section 501 (c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan or any other form.

##### C. Availability of Funds

Approximately \$200,000 is available in FY 1999 to fund this cooperative agreement. It is expected that the award will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to 5 years. Funding estimates may vary and are subject to change.

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

##### D. Cooperative Activities

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under 1., below, and CDC will be responsible for conducting activities under 2., below:

###### 1. Recipient Activities:

a. Plan, conduct, and evaluate an annual national conference and, as required, regional conferences. The purpose of these conferences is to provide a forum for continuing education opportunities in public health communications.

b. Publish periodic newsletters to keep State Health Departments informed of the programs, initiatives, and activities of interest to the States related to communication intervention programs that enrich and improve public health.

c. Assess electronic communication networking among State health departments and provide recommendations to States on equipment and financial needs to strengthen communication efforts.

d. Evaluate the media training available for public health professionals and provide recommendations for workshops to all State health departments. Provide assistance to those State health departments wishing to implement media training.

e. Network with key national public health groups and schools to evaluate existing public information material relating to public health programs such as, but not limited to, immunization, tobacco control, tuberculosis, violence and bioterrorism. As needs are identified, regional awareness campaigns will be designed through State health departments.

f. Develop National health communication campaigns and disseminate campaign updates and material to State health departments.

###### 2. CDC Activities:

a. Provide technical assistance and consultation in the area of program development, implementation, and health communication campaigns.

b. Provide technical assistance in the development of an annual conference for State, regional and national exchange of public health information.

c. Provide technical assistance in defining the scope of training needs and proposed training materials to address those needs.

##### E. Application Content

Use the information in the Cooperative Activities, Other Requirements, and Evaluation Criteria sections to develop the application