

from encouraging, pressuring, inducing, or attempting to induce any person to engage in any action that would be prohibited by Paragraphs II.A through II.C. Paragraph II contains a proviso that allows Respondent to engage in conduct that is reasonably necessary to the formation or operation of a "qualified risk-sharing joint arrangement" or a "qualified clinically-integrated joint arrangement," or that solely involves physicians in the same medical group practice.

Paragraph III requires MHHNP, for a period of three years after the order becomes final, to notify the Commission at least 60 days prior to entering into any arrangement under which MHHNP will act as a messenger or agent on behalf of physicians with payors regarding contracts. This provision will allow the Commission to review any future MHHNP policy or practice that MHHNP plans to implement with payors before such a policy or practice is implemented with respect to any particular payor.

Paragraphs IV.A and IV. B require MHHNP to distribute the complaint and order to its members, payors with which it previously contracted, and specified others. Paragraph IV.C requires MHHNP to terminate, without penalty, any payor contracts that it had entered into during the collusive period, at any such payor's request. This provision is intended to eliminate the effects of Respondent's joint price setting. Paragraph IV.C also contains a proviso to preserve payor contract provisions defining post-termination obligations relating to continuity of care during a previously begun course of treatment.

The remaining provisions of the proposed order impose complaint and order distribution, reporting, and other compliance-related provisions. For example, Paragraph IV. D requires MHHNP to distribute copies of the Complaint and Order to incoming MHHNP members, payors that contract with MHHNP for the provision of physician services, and incoming MHHNP officers, directors, and employees. Further, Paragraph V requires MHHNP to file periodic reports with the Commission detailing how MHHNP has complied with the Order. Paragraph VII authorizes Commission staff to obtain access to Respondent's records and officers, directors, and employees for the purpose of determining or securing compliance with the Order. The proposed order will expire in 20 years.

By direction of the Commission.

**Donald S. Clark,**

*Secretary.*

[FR Doc. 03-29921 Filed 12-1-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

*Sheila Blackwell, University of Maryland, Baltimore:* Based on the report of an investigation conducted by the University of Maryland, Baltimore (UMB Report), the respondent's admission of responsibility, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Sheila Blackwell, former contractual employee, Department of Pediatrics at UMB, engaged in scientific misconduct in research supported by National Institute of Mental Health (NIMH), National Institutes of Health (NIH), grant 2 R01 MH54983, entitled "Effectiveness of Standard versus Embellished HIV Prevention."

Specifically, PHS found that Ms. Blackwell engaged in scientific misconduct by fabricating interview records for the Focus on Teens HIV Risk Prevention Program for nine interviews that had not been performed over the period of May through July 2001.

Ms. Blackwell has entered into a Voluntary Exclusion Agreement (Agreement) in which she has voluntarily agreed for a period of three (3) years, beginning on October 30, 2003:

(1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That her participation in any PHS-supported research will be conditioned on an appropriate plan of supervision of her duties (Supervision Plan) as follows:

(i) Any institution that submits an application for PHS support for a research project in which Ms. Blackwell's participation is proposed or anticipated must concurrently submit a Supervision Plan to the funding agency

for approval; and (ii) any institution using Ms. Blackwell in any capacity in PHS-supported research must submit a Supervision Plan to the funding agency for approval. The Supervision Plan must be designed to ensure the scientific integrity of her research contribution. A copy of the Supervision Plan must also be submitted to ORI by the institution. Ms. Blackwell agreed that she will not participate in any PHS-supported research until the Supervision Plan has been submitted to ORI.

#### FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

[FR Doc. 03-29867 Filed 12-1-03; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

*Khalilah Creek, University of Maryland, Baltimore:* Based on the report of an investigation conducted by the University of Maryland, Baltimore (UMB Report), the respondent's admission of responsibility, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Khalilah Creek, former contractual employee, Department of Pediatrics at UMB, engaged in scientific misconduct in research supported by National Institute of Mental Health (NIMH), National Institutes of Health (NIH), grant 2 R01 MH54983, entitled "Effectiveness of Standard versus Embellished HIV Prevention."

Specifically, PHS found that Ms. Creek engaged in scientific misconduct by fabricating interview records for the Focus on Teens HIV Risk Prevention Program for eight interviews that had not been performed over the periods of July and December 2000 and January, February, and May through August 2001.

Ms. Creek has entered into a Voluntary Exclusion Agreement (Agreement) in which she has

voluntarily agreed for a period of three (3) years, beginning on October 30, 2003:

(1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That her participation in any PHS-supported research will be conditioned on an appropriate plan of supervision of her duties (Supervision Plan) as follows: (i) Any institution that submits an application for PHS support for a research project in which Ms. Creek's participation is proposed or anticipated must concurrently submit a Supervision Plan to the funding agency for approval; and (ii) any institution using Ms. Creek in any capacity in PHS-supported research must submit a Supervision Plan to the funding agency for approval. The Supervision Plan must be designed to ensure the scientific integrity of her research contribution. A copy of the Supervision Plan must also be submitted to ORI by the institution. Ms. Creek agreed that she will not participate in any PHS-supported research until the Supervision Plan has been submitted to ORI.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the Secretary

#### Findings of Scientific Misconduct

**AGENCY:** Office of the Secretary, HHS.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

*Lajuane Woodard, University of Maryland, Baltimore:* Based on the report of an investigation conducted by the University of Maryland, Baltimore (UMB Report), the respondent's admission of responsibility, and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Lajuane Woodard, former contractual employee, Department of Pediatrics at UMB,

engaged in scientific misconduct in research supported by National Institute of Mental Health (NIMH), National Institutes of Health (NIH), grant 2 R01 MH54983, entitled "Effectiveness of Standard versus Embellished HIV Prevention."

Specifically, PHS found that Ms. Woodard engaged in scientific misconduct by fabricating interview records for the Focus on Teens HIV Risk Prevention Program for one interview claimed to have been performed in June 2001.

Ms. Woodard has entered into a Voluntary Exclusion Agreement (Agreement) in which she has voluntarily agreed for a period of three (3) years, beginning on October 30, 2003:

(1) To exclude herself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant; and

(2) That her participation in any PHS-supported research will be conditioned on an appropriate plan of supervision of her duties (Supervision Plan) as follows:

(i) Any institution that submits an application for PHS support for a research project in which Ms. Woodard's participation is proposed or anticipated must concurrently submit a Supervision Plan to the funding agency for approval; and

(ii) Any institution using Ms. Woodard in any capacity in PHS-supported research must submit a Supervision Plan to the funding agency for approval. The Supervision Plan must be designed to ensure the scientific integrity of her research contribution. A copy of the Supervision Plan must also be submitted to ORI by the institution. Ms. Woodard agreed that she will not participate in any PHS-supported research until the Supervision Plan has been submitted to ORI.

**FOR FURTHER INFORMATION CONTACT:** Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (301) 443-5330.

**Chris B. Pascal,**

*Director, Office of Research Integrity.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Youth Violence Prevention Through Community-Level Change

Announcement Type: New.  
Funding Opportunity Number: 04054.  
Catalog of Federal Domestic Assistance Number: 93.136.

#### Key Dates

*Letter of Intent Deadline:* January 2, 2004.

*Application Deadline:* February 17, 2004.

#### I. Funding Opportunity Description

*Authority:* This program is authorized under section 391(a) of the Public Health Service Act, [42 U.S.C. section 280b(a), as amended].

*Purpose:* The purpose of the program is to announce the availability of fiscal year (FY) 2004 funds for a cooperative agreement program for the evaluation of community-level interventions to reduce youth violence.

This program addresses the "Healthy People 2010" focus area Injury and Violence Prevention.

Measurable outcomes of the program will be in alignment with the following performance goal for the National Center for Injury Prevention and Control (NCIPC): Conduct a targeted program of research to reduce injury-related death and disability.

*Research Objectives:* Youth violence has been linked to a variety of factors, including individual, family, community, and societal characteristics. While much research has been conducted on interventions with individuals and families, less often have interventions focused on variables at the broader community level.

There are a number of characteristics of communities that increase the probability of violence. Rates of violence are high in areas that have large concentrations of poor and unemployed people, crowded housing, residential instability, family disruption, illegal drug distribution and sales, diminished private economic activity, and limited positive opportunities for youths and adults (Reiss & Roth, 1993; Sampson & Lauritsen, 1994). Rates of violence are also high in neighborhoods where there is low community participation, disorganization, and a lack of cohesion. People living in these types of communities tend to be socially isolated and exhibit lower levels of attachment to the community—factors that also