

NIH GUIDE

For Grants and Contracts

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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The NIH Guide announces scientific initiatives and provides policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in extramural programs administered by the National Institutes of Health.

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REVISED NIH CONTRACT COMPLIANCE PROGRAM

P.T. 36

Division of Contracts and Grants

I. Purpose and Objectives

This announcement is to inform contractors and other interested persons that the NIH Equal Opportunity Contract Compliance Program has been revised.

The revised program will reduce the involvement previously required of project officers, principal investigators, business representatives, and the contracting staff while providing autonomy and incentive to contractors in the design and implementation of their respective affirmative action policy and programs. Further, it is expected that contractors will gain a better understanding of affirmative action and equal employment opportunity requirements through the enhanced technical assistance that is offered under the revised program.

II. Procedures

Effective October 1, 1988, NIH project officers and contracting staffs will no longer be required to administer an EEO Checklist to contractor management personnel. Rather, NIH project officers, contracting officers, and the NIH Contracts and Grants Compliance Officer will jointly transmit a letter to all NIH contractors requesting copies of existing documents that describe their methods of disseminating information to their employees concerning their organization's EEO Affirmative Action Policy (41 CFR 60-2.21). An example of the letter appears as Attachment A below.

III. Staff Contact

Ms. Maureen B.E. Miles
Division of Contracts and Grants
Building 31, room 1B23
Office of Administration, OD
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-2973

ATTACHMENT A Revised 8/29/88

NIH Contractor

Address

City & State

Dear Business Representative:

This letter sets forth new procedures for disseminating EEO/affirmative action information now required by the National Institutes of Health (NIH) of its contractor organizations that have 50 or more employees and a contract with a dollar value of \$50,000 or more. Please forward this letter and enclosures to your Affirmative Action Officer.

The NIH is responsible for monitoring its contractors' compliance with Federal laws and regulations that prohibit discrimination based on race, color, religion, sex, national origin, age, handicap, or disabled veterans and veterans of the Vietnam Era status. In pursuance of this responsibility, the NIH cooperates with the Department of Labor/Office of Federal Contract Compliance Programs, and provides technical assistance to NIH contractors in the development, implementation and maintenance of effective Affirmative Action Programs (AAP). Each AAP must embody the essence of certain principal laws and regulations pertaining to EEO, and Contract Compliance. Foremost among these are:

1. Executive Order 11246, amended by 11375 (30 FR 12319) Prohibits discrimination in employment on the basis of race, color, religion, sex, or national origin.
2. Executive Order 12086 (43 FR 46501) Enforcement power of Executive Order 11246 consolidated from the Federal agencies into the Department of Labor.

3. Section 503 of the Rehabilitation Act of 1973, as amended, (41 CFR 60-741) Requires Government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.
4. Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended, (41 CFR 60-250) Requires Government contractors to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era.
5. Indian Self-Determination and Education Assistance Act of 1975, as amended, (25 USC 450a) Requires the Federal Government to give preference to Indian-owned economic enterprises, to the greatest extent feasible, in the award of contracts.

If the contractor is a small business, the letter will include the following four paragraphs.

Chapter 41 of the Code of Federal Regulations requires contractors with a staff of 50 or more employees and a contract of \$50,000 or more to develop a written Affirmative Action Plan within 120 days after commencement of a Government contract. This plan should be made part of the organization's overall Affirmative Action Program through which the contractor disseminates its EEO policy and related information to its employees and the community at-large. "A report of the results of such program shall be compiled annually and the program shall be updated at that time." (41 CFR 60-1.40). Organizations with less than 50 employees are exempt from this requirement. If your organization qualifies for this exemption, please complete the form accompanying of this letter and return it within three weeks after receipt.

Information regarding each organization's AAP should be disseminated internally to every employee, as well as externally to recruiting sources, minority and women's organizations, in company advertising, etc. Federal regulations suggest several methods of dissemination that could be used. Of these, we have found that the most effective internal method is to "Conduct special meetings with executive, management, and supervisory personnel to explain intent of policy and individual responsibility for effective implementation, making clear the chief executive officer's attitude.", and "...with all other employees to discuss policy and explain individual responsibilities." (41 CFR 60-2.21). A listing of pertinent civil rights topics that could be discussed at such meetings appears as the Addendum to this letter.

We consider affirmative action information meetings and training to be very effective in helping to reduce the number of discrimination-based complaints; boost employee morale; reduce the number and severity of confrontations between supervisor and subordinate staff, particularly minorities and women. Other benefits include a reduction in the amount of management and staff time spent in resolving various complaints of discrimination; and, a savings of money that may be subsequently awarded to a complainant as settlement. Summarily stated, EEO/ affirmative action information meetings and training provide an atmosphere where meaningful dialogue can be used to promote and improve communications between management and subordinate staff. Although the frequency of meetings and training is to be determined appropriately by the contractor, we recommend that training be held at least once every other year and meetings more frequently.

The NIH strongly emphasizes the importance of good communications within its contractor organizations to aid in promulgating affirmative action programs and has a continuing interest in assisting and guiding the efforts of each contractor. To this end, the staff of the NIH Contracts and Grants Compliance Office are available to attend and/or participate at meetings/training for the purpose of facilitating EEO/affirmative action information. Should your organization desire such assistance, please let us know at least three months prior to the date of the meeting or training. Every request will be considered in light of schedule constraints and available travel funds. A timely response will be sent to each requester.

For academic institutions and large businesses, the letter will include the following four paragraphs.

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The following paragraphs will be included in letters to all contractors.

If your organization currently conducts meetings, please send a copy of the agenda and other materials that are given to the attendees; articles published in your organization's publication that cover EEO programs; posters exhibited on your organization's bulletin boards; and/or similar existing documents that were used during the past year to communicate with your personnel.

In conclusion, if your organization uses dissemination methods other than meetings, please inform us of those methods and describe how they are being used to communicate affirmative action information within and outside of the organization.

Please send all requested materials that are applicable to your organization within six weeks after receipt of this letter to:

Ms. Maureen B.E. Miles
Division of Contracts and Grants
Building 31, Room 1B23
National Institutes of Health
Bethesda, Maryland 20892

Your cooperation in providing full and complete EEO/ Affirmative Action information to the employees in your organization is appreciated.

Enclosed is a listing of the active contracts your organization has with the NIH.

If you have any questions, please call: (301) 496-2973.

NIH Contracts and Grants Compliance Officer Date

Project Officer Date Contracting Officer Date

Bureau/Institute/Division

Enclosures

Addendum to all letters

Pertinent Civil Rights Compliance Legislative Enactments and Topics recommended for discussion at NIH contractor organizations' Special Meetings on EEO/Affirmative Action

I. Overview of Pertinent Federal Regulations, Acts, and Guidelines

- A. Title VII of the Civil Rights Act of 1964, as amended
- B. Executive Order 11246 as amended by 11375
- C. Executive Order 12086
- D. Section 503 of the Rehabilitation Act of 1973
- E. Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended
- F. Historical precedent for Equal Employment Opportunity and Civil Rights
- G. Philosophy of Affirmative Action
- H. Revised Order No. 4 (41 CFR 60-2)
- I. Age Discrimination Act of 1975
- J. Sexual Harassment
- K. Equal Pay Act of 1963
- L. Ethnic Identification
- M. EEO-1, EEO-4, EEO-6 Reports
- N. Sex Discrimination Guidelines
- O. Obligations of Subcontractors
- P. Representations and Certifications in Federal Contracts

II. Overview of Various Federal Agencies - Equal Employment Opportunity Responsibilities

- A. Department of Labor/Office of Federal Contract Compliance Programs
- B. Equal Employment Opportunity Commission
- C. Department of Justice
- D. Civil Rights Commission

III. Suggested Information for Use and/or Dissemination Attendees

- A. Case studies about the principles of affirmative action, equal opportunity and civil rights
- B. Photographs, pamphlets, handouts, etc., concerning civil rights laws and regulations
- C. An evaluation form for attendees to assess the effectiveness of the meeting.

This form to be included in letters to small businesses.

Complete and return this page only if your respective organization has less than fifty (50) employees.

Name of Contractor

Street Address

City

State

Zipcode

PHYSICIANS' ROLE IN LOWERING ELEVATED LIPIDS BY DIET

P.T. 34; K.W. 0502028, 0785080

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI), has supported laboratory, epidemiological and clinical studies which demonstrated that elevated blood cholesterol is an important risk factor for coronary heart disease and that blood cholesterol levels can be lowered both by diet and drugs. The Lipid Research Clinics Coronary Primary Prevention Trial (CPPT) reported that by lowering elevated blood cholesterol levels the risk of coronary heart disease is reduced. Following the publication of these results, the National Institutes of Health held a consensus development conference in December 1984, to review the current scientific evidence and make appropriate practice recommendations for blood cholesterol reduction.

The Consensus Development Conference Statement contains several observations and recommendations, including a number which were specifically directed to practicing physicians. Their recommendations included the following:

Adults with high-risk blood cholesterol levels (values greater than the 90th percentile) should be treated intensively by dietary means under the guidance of a physician, dietitian or other health professional; if response to diet is inadequate, appropriate drugs should be added to the treatment regimen.

Adults with moderate-risk blood cholesterol levels (values between the 75th and 90th percentiles) should be treated intensively by dietary means, especially if additional risk factors are present.

These two recommendations define a large population (25 percent of all adult Americans) for dietary intervention. The potential impact on clinical practice is considerable. Thus there is a pressing need to develop and refine processes through which health professionals can begin to implement these recommendations.

Medical school curricula in the past have included little emphasis on nutrition. Some efforts at a limited number of schools are overcoming this problem, but the majority of physicians who participated in the 1983 NHLBI Survey expressed considerable reservation about their ability to achieve and maintain changes in food habits by patients and families. Research is needed to determine effective ways in which physicians can play an active role in improving nutrition counseling for patients. The purpose of this announcement is to stimulate and encourage the cooperative effort of medical, nutritional and behavioral science investigators in submitting research grant applications to develop and evaluate innovative methods for the incorporation of effective nutrition counseling in physicians' practices.

A wide diversity of experimental designs of intervention strategies would be appropriate. Quantitative evaluation of a patient's blood cholesterol level change, which is clearly attributable to application of an independent variable by physicians and/or others in practice settings, might be an outcome measure common to several designs.

Representative practice situations and patients are desirable so that results can be generalized to other physicians and other patient populations. Although cholesterol control in some patients requires pharmacologic intervention, the focus of the present announcement is on dietary treatment as the means of reducing elevated blood cholesterol.

Examples of interventions might include training of physicians to participate in nutrition counseling efforts, training of practice site personnel for nutrition counseling, influencing third party payers to incorporate cholesterol-reducing nutrition counseling as part of their reimbursable charges, and innovative strategies for referral of patients to other health professionals or appropriate health care organizations for counseling individually or in groups. These strategies are meant to be exemplary and are not all-inclusive. Investigator innovation is strongly encouraged.

It is suggested that applicants address the following areas in their grant application: significance of the proposed research to cardiovascular health; scientific basis for the proposed research design and strategy; the specific hypotheses to be tested; research design to be implemented; sample size calculations needed for statistical significance; procedures for sample selection; a detailed description of the independent variable to be applied;

detail concerning the measurement of blood cholesterol and any other dependent variables to be utilized; and the approaches for data management and data analysis.

It is anticipated that successful respondents to this announcement may be invited to meet annually to discuss protocols and to compare results with the intent of enhancing the prospects of finding effective means through which physicians in a practice setting can reduce elevated blood cholesterol levels of their patients. Budgets should include an annual meeting in Bethesda for 1 or 2 persons. Applications should be limited to investigators in the United States.

The above topics are intended to provide examples only and do not preclude the submission of applications involving other research approaches to the issues under consideration.

Application Submission and Review

Application receipt dates for new applications are the regular application receipt dates of February 1, June 1, and October 1. The earliest possible award date is approximately ten months after the receipt date. Applicants should use the regular research grant application PHS Form 398 (Rev. 9/86), which is available at most institutional business offices or from the Division of Research Grants (DRG), NIH.

To identify responses to this announcement, check "yes" and put "Physicians' Role in Lowering Elevated Lipids by Diet" under item 2 of page 1 of those grant applications relating to the topics identified herein. The completed application and six (6) copies should be mailed to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20892

The DRG will assign applications for review according to the NIH process for regular research grant applications. Additional information may be obtained by contacting.

Nancy C. Santanello, M.D.
Prevention and Demonstration
Research Branch
Division of Epidemiology and
Clinical Applications
National Heart, Lung, and
Blood Institute
National Institutes of Health
Federal Building, Room 604
7550 Wisconsin Avenue
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This program is described in the Catalog of Federal Domestic Assistance No. 13.837, Heart and Vascular Disease Research. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372, or to Health Systems Agency Review.