MS–D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Outcome Evaluation of CDC's Youth Media Campaign: Follow up Survey to Baseline Data Collection—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background

In FY 2001, Congress established the Youth Media Campaign at the Centers for Disease Control and Prevention (CDC). Specifically, the House Appropriations Language said: ''The Committee believes that, if we are to have a positive impact on the future health of the American population, we must change the behaviors of our children and young adults by reaching them with important health messages.'' CDC, working in collaboration with federal partners, is coordinating an effort to plan, implement, and evaluate a campaign designed to clearly communicate messages that will help youth develop habits that foster good health over a lifetime. The Campaign is based on principles that have been shown to enhance success, including: designing messages based on research; testing messages with the intended audiences; involving young people in all aspects of Campaign planning and implementation; enlisting the involvement and support of parents and other influencers; refining the messages based on research; and measuring the effect of the campaign on the target audiences.

To measure the effect of the campaign on the target audiences, CDC designed a baseline survey for tween and parent dyads (Children's Youth Media Survey and Parents' Youth Media Survey) that assessed aspects of the knowledge, attitudes, beliefs, and levels of involvement in positive activities of tweens and a parent or guardian. The baseline survey was conducted prior to the launch of the campaign from April 8, 2002 through June 21, 2002. The methodology was to use a panel design and to survey 3000 dyads (3000 parents and 3000 tweens) from a nationally representative sample and to survey 3000 dyads (again 3000 parents and 3000 tweens) from the six ''high dose'' communities for a total of 6000 dyads or 12,000 respondents. The survey was conducted using random digit dial.

The next steps in the measurement of effects of the campaign is to collect follow-up data one year post baseline survey and two years post baseline survey. The same panel members (minus attrition) of 6000 tween/parent dyads used in the baseline survey—nationally and in the six selected metropolitan areas—would be re-contacted to complete a survey that would be similar to that used at baseline. Items on campaign awareness would be added to the survey to enable segmentation of the respondents by awareness of the campaign. Thus, the data collection would be with approximately 6000 tween/parent dyads in spring 2003 and 6000 tween/parent dyads in 2004. There is no cost to respondents.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Tweens (9 to 13 year olds)	6000	2 (1st 2003) (2nd 2004)	15/60	3000
Parents	6000	2 (1st in 2003) (2nd in 2004)	15/60	3000
Total				6000

Dated: October 24, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–27550 Filed 10–29–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–03–07]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498–1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Intimate Partner Violence Screening: A Randomized Trial Comparing Computerized Questionnaires and Nursing Staff Interviews—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

The purpose of this project is to determine effective ways to screen for intimate partner violence (IPV) in clinical settings. The project will compare the sensitivity, specificity and cost of screening for intimate partner violence (IPV) through a randomized trial using two modes of administering the screening questionnaire. Modes to be compared are computer administration and face-to-face interviews by a nurse. Computerized screens will be of two different lengths. Three questions on the face-to-face interview will be identical to a short computer screen; a longer computer

screen will include those three items and will also ask additional questions. Thus, the evaluation can examine both mode of screening and content of screening questions. The screening modes will be assessed in a primary care clinic in Albany, New York.

IPV is associated with a variety of physical and psychological problems but despite the high prevalence of IPV among patients seen in primary care and prenatal care, it is infrequently detected and treated in primary care settings. Only one in three abused women has discussed the abuse with her physician. Disclosure of abuse has been found to be associated with direct physician screening, and female IPV victims report that they would be willing to discuss their abuse if asked by their physician. Computer questionnaires hold promise for IPV screening of primary care patients because: (1) There are low continuing costs after initial setup and (2) computer questionnaires have been found useful for obtaining sensitive risk factor information on other topics (*e.g.*, drug use, HIV risk factors).

The U.S. Preventive Services Task Force finds ''insufficient evidence to recommend for or against the use of specific screening instruments to detect family violence'' because of the absence of studies demonstrating that detection and treatment of IPV improves physical or psychological health, or decreases IPV. This study can provide needed evidence about the detection of IPV, which in turn, can be used in studies evaluating the effectiveness of screening followed by appropriate treatment. There is no cost to respondent.

Respondent	Number of respondents	Number of responses/ respondent	Avg. burden/ response (in hours)	Total burden (in hours)
Patients	300	2	16/60	160
Health Care Providers and Nurses	14	7	6.4/60	10
Health Care Admitting Staff	36	1	15/60	9
Total	350			179

Dated: October 23, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

[FR Doc. 02–27551 Filed 10–29–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02062]

Diabetes Program; Notice of Award of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the award of fiscal year (FY) 2002 funds for the diabetes program. The purpose of the program is to reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes, through prevention programs. This program addresses the ''Healthy People 2010'' focus area Diabetes.

B. Eligible Applicants

Assistance is provided only to the organizations listed below. No other applications were solicited. Fiscal Year (FY) 2002 Federal Appropriation specifically directs CDC to award funds to these organizations.

1. Clinica Monsenor Oscar A. Romero in Los Angeles, California for a diabetes care program. ($98,899)

2. Oklahoma Center for the Advancement of Science and Technology in Oklahoma City, Oklahoma for a diabetes and diabetic retinopathy demonstration. ($247,247)

3. University of Arizona in Tuscon for a Border Health Initiative for a Border Health Initiative. ($435,154)

4. Center for Diabetes and Prevention Control at Texas Tech University Health Sciences Center to provide a national model of diabetes outreach, education, prevention, and care. ($493,941)

5. Dakota Plains Diabetes Center for the Standing Rock Sioux Tribe and Cheyenne Sioux Tribe. ($1,582,380)

6. Glaucoma Foundation for a Community Health glaucoma screening to develop a model project to test the efficacy of glaucoma screening using mobile units. ($2,613,445)

C. Funds

Approximately $5,471,066 is being awarded in FY 2002. The awards will begin on or about September 1, 2002, and will be made for a 12-month budget period within a project period of one year.

D. Where To Obtain Additional Information

Business management technical assistance may be obtained from: Angela Webb, Grants Management Specialist, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: 770–488–2784, e-mail: *aqw6@cdc.gov.*

For program technical assistance, contact: Dara Murphy, Division of Diabetes Translation, Centers for Disease Control and Prevention, 4770 Burford Highway, NE, MS K–57, Atlanta, GA 30341, Telephone: 770–488–5193, e-mail: *dlm1@cdc.gov.*

Dated: October 21, 2002.

Sandra R. Manning,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention.

[FR Doc. 02–27554 Filed 10–29–02; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Vaccines and Related Biological Products Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Vaccines and Related Biological Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on November 18, 2002, from 1 p.m. to 3:30 p.m.

Location: Food and Drug Administration, Bldg 29B, conference room C, 29 Lincoln Dr., Bethesda, MD.