

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
<b>Total</b> .....	<b>350</b>	.....	.....	<b>179</b>

Dated: October 23, 2002.

**Nancy E. Cheal,**

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

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**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](mailto: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: [d1m1@cdc.gov](mailto:d1m1@cdc.gov).

Dated: October 21, 2002.

**Sandra R. Manning,**

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

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**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.