and its control and to promote an integrated approach to care; (4) to promote health care policies that improve the quality of and access to diabetes care.

Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include: (1) Creating partnerships with other organizations concerned about diabetes; (2) developing and implementing awareness and education activities with special emphasis on reaching the racial and ethnic populations disproportionately affected by diabetes; (3) identifying, developing, and disseminating educational tools and resources for the program's audiences; (4) promoting policies and activities to improve the quality of and access to diabetes care.

The NDEP evaluation will document the extent to which the NDEP program has been implemented, and how successful it has been in meeting program objectives. The evaluation relies heavily on data gathered from existing national surveys such as National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), among others for this information. This generic clearance request is for the collection of additional primary data from NDEP target audiences on some key process and impact measures that are necessary to effectively evaluate the program. Approval is requested for up to 4 surveys of audiences targeted by the National Diabetes Education Program including people at risk for diabetes, people with diabetes and their families, health care providers, payers and purchasers of health care and health care system policy makers.

Frequency of Responses: On occasion. *Affected public:* Individuals or households; businesses or other for-profit organizations; not-for-profit institutions; Federal government; and state, local or tribal government. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 2200, *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .25; and *Estimated Total Annual Burden Hours Requested:* 200. The annualized cost to respondents is estimated at: $5,437.50. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time per response	Total hour burden
Patients and their family members	1,000	1	.25	250
People at risk for diabetes	600	1	.25	150
Physicians or other health care providers	600	1	.25	150
Health care systems	200	1	.25	50
Total	2,400			600

COST TO RESPONDENTS

Type of respondents	Number of respondents	Frequency of response	Hourly wage rate	Respondent cost
Patients and their family members	1,000	1	$20.00	$5,000.00
People at risk for diabetes	600	1	20.00	3,000.00
Physicians or other health care providers	600	1	75.00	11,250.00
Health care systems	200	1	50.00	2,500.00
Total				21,750.00

Note: On an annual basis, the average number of respondents is 800; the average number of hours is 200 and the average annual respondent cost is $5,437.50.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Joanne Gallivan, M.S., R.D., Director, National Diabetes Education Program, NIDDK, NIH, Building 31, Room 9A04, 31 Center Drive, Bethesda, MD 20892, or call non-toll-free number (301) 494–6110 or E-mail your request, including your address to: *Joanne_Gallivan@nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: August 14, 2003.

Barbara Merchant,

Executive Officer, NIDDK, National Institutes of Health.

[FR Doc. 03–22831 Filed 9–8–03; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute Proposed Collection; Comment Request Exam 2—The Jackson Heart Study, Annual Follow-Up Component

SUMMARY: 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 National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection: Title: Exam 2—The Jackson Heart Study, Annual Follow-up Component. *Type of Information Collection Request:* Revision (OMB 0925–0491; expiration 07/31/2004). *Need and Use of Information Collection:* The Jackson Heart Study (JHS) Clinical Component will involve 5,500 African-American men and women aged 21–84, representative of African-American residents of Jackson, Mississippi. Family members are included in order to permit future studies of familial and genetic contributions to cardiovascular disease (CVD). The JHS Clinical Component has received Clinical Exemption (CE–99–11–09) from the NIH Clinical Exemption Review Committee. The continuation of the study will allow continued assessment of subclinical coronary disease, left ventricular dysfunction, progression of carotid atherosclerosis and left ventricular hypertrophy, and responses to stress, racism, and discrimination as well as new components such as renal disease, body fat distribution and body composition, and metabolic consequences of obesity. The continuation of the JHS in FY05 is proposed to support 2 clinical examinations 4 years apart and continued cohort follow-up for events. The collection of follow-up information also involves third party individuals (next-of-kin decedents and physicians). This information is necessary for the interpretation and analysis of clinical findings and outcomes to ascertain the relationship between mortality and morbidity in the clinical study cohort. The information collected will be used by the public and private sector for public health planning, medical education, other epidemiologic studies, and biomedical research.

Frequency of Response: One-time. *Affected Public:* Individuals or families; Businesses or other for profit; not-for-profit institutions. *Type of Respondents:* Third party respondents (next-of-kin decedents and physicians). The annual reporting burden is as follows: *Estimated Number of Respondents:* 600; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 0.50; and *Estimated Total Annual Burden Hours Requested:* 300. *The annualized cost to respondents is estimated at:* $6,500. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Morbidity & Mortality AFU 3rd party next-of-kin decedents	300	1	0.50	150
Morbidity & Mortality AFU 3rd party Physicians	300	1	0.50	150
Total				300

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Cheryl Nelson, Jackson Heart Study Project Officer, 6701 Rockledge Drive, Room 8152, MSC 7934, Rockville, MD 20892–7934, or call non-toll-free number (301) 435–0451 or E-mail your request, including your address to: *cn80n@nih.gov*.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: August 20, 2003.

Peter Savage,

Director, Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute.

[FR Doc. 03–22832 Filed 9–8–03; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Fogarty International Center; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the Fogarty International Center Advisory Board.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Fogarty International Center Advisory Board.

Date: September 16, 2003.

Open: 8:30 am to 12 pm.

Agenda: A Report of the FIC Director on updates and overviews of new FIC initiatives. The main topic of the Board will be ''Strategic Planning for Global Health: Proposed Process.''

Place: National Institutes of Health, Lawton Chiles International House, Bethesda, MD 20892.

Closed: 1 pm to Adjournment.