created that states can use to assess the costs and benefits of different interventions designed to prevent motor vehicle injuries. The resulting tool should help states understand the tradeoffs and prioritize high-impact interventions to reduce motor vehicle injuries.

Key informant interviews will be used to fill gaps in knowledge for interventions that do not have extensive literature on their costs and benefits. Information will be collected from Public safety advocacy groups, DWI/DUI defense attorneys, State Departments of Public Safety (members of the Governors Highway Safety Association), State Parole Agencies, and Local Law Enforcement Agencies. Online expert panel meetings will provide the background information needed to understand how to successfully build an online tool that can be used to generate a variety of state-specific and cost-benefit analyses, including point estimates and uncertainty intervals for costs and benefits. The tool will account for different levels of implementation for each intervention and for interdependencies among pairs of specific interventions. The tool will provide state and local policymakers with an optimal portfolio or package of selected interventions that are expected to produce the highest benefit for a specified implementation budget. The integrated, data-driven tool will facilitate effective planning and policymaking at the state and local levels by providing policymakers with a rigorous analysis of the costs and benefits of various options for reducing motor vehicle injuries and fatalities.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (hours)	Total burden hours
Public Safety Advocacy Groups	Semi-Structured Interviews—(Attachment C).	4	1	1	4
DWI/DUI Defense Attorneys	Semi-Structured Interviews—(Attachment D).	4	1	1	4
Court Case Managers	Semi-Structured Interviews—(Attachment E).	4	1	1	4
State Parole Agencies	Semi-Structured Interviews—(Attachment F).	2	1	1	2
State Depts. of Public Safety	Semi-Structured Interviews—(Attachment G).	6	1	1	6
Local Law Enforcement	Semi-Structured Interviews—(Attachment H).	4	1	1	4
Academic Researchers	Discussion Guide—Online Expert Panel—(Attachment I).	3	1	1	3
CDC Staff	Discussion Guide—Online Expert Panel—(Attachment I).	3	1	1	3
NHTSA Staff	Discussion Guide—Online Expert Panel—(Attachment I).	2	1	1	2
Total					32

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Deputy Director, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–12–12EX]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–7570 or send an email to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC 20503 or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Formative Research for the Development of CDC's Act Against AIDS Social Marketing Campaigns Targeting Consumers—New—National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The purpose of this study is to conduct interviews and focus groups in four rounds of data collections (exploratory research, message testing, concept testing, materials testing) with consumer groups aged 18 to 64 over a 3-year period to develop various social marketing campaigns aimed at increasing HIV testing rates, increasing HIV awareness and knowledge, challenging commonly held misperceptions about HIV, and promoting HIV prevention and risk reduction. The research results will be used to develop materials for six specific HIV social marketing campaigns under the umbrella of the larger *Act Against AIDS* campaign. The target audience for the campaigns include the following populations, all ages 18–64 years old: (1) General U.S. population, with an emphasis on African Americans and Latinos; (2) men who have sex with men (MSM), with an emphasis on Latino MSM; and (3) HIV+ individuals.

The study will screen 2338 people per year for eligibility. Of the 2338 people screened, it is expected that 500 people will participate in focus groups, 500 people will participate in in-depth interviews and 700 will participate in intercept interviews. All focus group

and in-depth interview participants (total 1000) will complete a brief paper and pencil survey. The total estimated annual burden hours are 2311.

There are no costs to the respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Individuals (males and females) aged 18–64	Study screener	2338	1	2/60
Individuals (males and females) aged 18–64	In-Depth Interview Guide	500	1	1
Individuals (males and females) aged 18–64	Focus Group Guide	500	1	2
Individuals (males and females) aged 18–64	Paper and Pencil Survey	1000	1	30/60
Individuals (males and females) aged 18–64	Intercept Interview Guide	700	1	20/60

Kimberly S. Lane,

Deputy Director, Office of Science Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–12–12QR]

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 404–639–7570 and send comments to Kimberly S. Lane, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an email to *omb@cdc.gov.*

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. Written comments should be received within 60 days of this notice.

Proposed Project

Monitoring And Reporting System For DELTA FOCUS Awardees—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Intimate Partner Violence (IPV) is a serious, preventable public health problem that affects millions of Americans and results in serious consequences for victims, families, and communities. IPV occurs between two people in a close relationship. The term ''intimate partner'' describes physical, sexual, or psychological harm by a current or former partner or spouse. IPV can impact health in many ways, including long-term health problems, emotional impacts, and links to negative health behaviors. IPV exists along a continuum from a single episode of violence to ongoing battering; many victims do not report IPV to police, friends, or family.

Research indicates that on average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States. Over the course of one year, more than 12 million women and men reported being a victim of rape, physical violence, or stalking by an intimate partner. Also, on average nearly three women are murdered each day by an intimate partner. In 2007, IPV resulted in more than 2,300 deaths. Of these deaths, 30 percent were men and 70 percent were women. The medical care, mental health services, and lost productivity (e.g., time away from work) cost of IPV is estimated at $8.3 billion per year.

The objective of primary prevention is to stop IPV before it occurs. In 2002, authorized by the Family Violence Prevention Services Act (FVPSA), CDC developed the Domestic Violence Prevention Enhancements and Leadership Through Alliances (DELTA) Program, with a focus on the primary prevention of IPV. The CDC funded DELTA Program provides funding to state domestic violence coalitions (SDVCs) to engage in statewide primary prevention efforts and to provide training, technical assistance, and financial support to local communities for local primary prevention efforts. DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States) builds on that history by providing focused funding to states and communities for intensive implementation and evaluation of IPV primary prevention strategies that address the structural determinants of health at the societal and community levels of the social-ecological model (SEM).

By emphasizing primary prevention, the DELTA FOCUS program will support comprehensive and coordinated approaches to IPV prevention. The strategies will address the structural determinants of health at the outer layers (societal and community) of the SEM that coordinate and align with existing prevention strategies at the inner layers of the SEM. This program addresses the ''Healthy People 2020'' focus area(s) of Injury and Violence Prevention and Social Determinants of Health.

Information will be collected from the 12 DELTA FOCUS awardees through an electronic Performance Management Information System (PMIS). The PMIS will collect information about the staffing resources dedicated by each awardee, as well as partnerships with external organizations. Information collected through the PMIS will be used to inform performance monitoring and program evaluation. Information will also be used to respond to requests from the National Center for Injury Prevention and Control, Department of Health and Human Services, White House, Congress, and other sources.