

within and across State Public Health Actions 1305 funded programs.

The assessment is guided by three process-related research questions and multiple indicators designed to examine changes in processes, organizational structure, and capacity. It will also examine states' ability to implement a coordinated approach across the different chronic disease areas and the four domains; challenges and benefits; and measurable positive outcomes. The research questions include: (1) What changes did States make to create greater synergy?, (2) To what extent were redundancies reduced or eliminated at the State level?, and (3) How has coordination with critical partners changed since the implementation of State Public Health Actions 1305?

CDC plans to administer a web-based survey to health departments receiving funding through the State Public Health Actions 1305 cooperative agreement, including 50 states and the District of Columbia. CDC plans to administer the survey in 2016 (program year 4) and 2018 (program year 5) to explore changes in partnerships and synergy throughout the 5-year cooperative agreement. Surveys will be administered to health department staff directly involved in planning and/or implementation of the State Public Health Actions 1305 program, including principal investigators, chronic disease directors, program evaluators, epidemiologists, and program staff with subject matter expertise in one or more of the four categorical areas. CDC will recruit approximately 8 individuals

from each funded program for a total of approximately 408 respondents.

CDC will use survey findings to (1) inform future CDC technical assistance provision to State Public Health Actions 1305 funded programs, and (2) inform future cross-cutting, coordinated funding models. In addition, findings will complement existing routine reporting by gathering information about the specific processes that support program implementation plans. Findings will be disseminated via grantee webinars, grantee annual meetings, reports to CDC leadership, and U.S. Congressional reports.

OMB approval is requested for 2 years. Participation is voluntary and respondents will not receive incentives for participation. There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hr)	Total burden (in hr)
Principal Investigators .....	Grantee Synergy Survey .....	51	1	45/60	38
Chronic Disease Directors .....	Grantee Synergy Survey .....	51	1	45/60	38
Program Evaluators .....	Grantee Synergy Survey .....	51	1	45/60	38
Epidemiologists .....	Grantee Synergy Survey .....	51	1	45/60	38
Program Staff with Subject Matter Expertise.	Grantee Synergy Survey .....	204	1	45/60	153
<b>Total .....</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>.....</b>	<b>305</b>

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office, 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**

[60-Day-16-0987; Docket No. CDC-2016-0023]

**Proposed Data Collection Submitted for Public Comment and Recommendations**

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the

general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the information collection request Qualitative Information Collection on Emerging Diseases among the Foreign-born in the US that enables CDC improve the planning and implementation of disease prevention and control strategies targeting communicable diseases and other emerging health issues among high-risk foreign-born communities in specific and limited geographic areas in the United States where high numbers of those populations live.

**DATES:** Written comments must be received on or before May 6, 2016.

**ADDRESSES:** You may submit comments, identified by Docket No. CDC-2016-0023 by any of the following methods:

- *Federal eRulemaking Portal:* Regulation.gov. Follow the instructions for submitting comments.

- *Mail:* Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and

Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329.

**Instructions:** All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to Regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to Regulations.gov.

**Please note:** All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

**SUPPLEMENTARY INFORMATION:** Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each

collection of information they conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below. 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; (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; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of

collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

**Proposed Project**

Qualitative Information Collection on Emerging Diseases among the Foreign-born in the U.S. (0920-0987 expires 09/30/2016)—Extension—Division of Global Migration and Quarantine, National Center for Emerging Zoonotic and Infectious Diseases, Centers for Disease Control and Prevention (CDC).

**Background and Brief Description**

The Centers for Disease Control and Prevention (CDC), National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of Global Migration and Quarantine (DGMQ), requests approval for an extension of the current generic information collection Qualitative Information Collection on Emerging Diseases among the Foreign-born in the U.S.

This qualitative data collection is needed by DGMQ because foreign-born individuals are considered hard-to-reach populations and are often missed by routine information collection systems in the United States. As a consequence, limited information is available about the health status, knowledge, attitudes, health beliefs and practices related to communicable diseases and other emerging health

issues (e.g., tuberculosis, parasitic diseases, lead poisoning, and mental health issues) among foreign-born populations in the United States. Foreign-born populations are very diverse in terms of countries of origin, socio-demographic, cultural and linguistic characteristics and geographic destinations in the U.S. Data is especially limited at the local level.

The purpose of the extension is to continue efforts to improve the agency's understanding of the health status, risk factors for disease, and other health outcomes among foreign-born individuals in the United States. Numerous types of data will be collected under the auspices of this generic information collection. These include, but are not limited to, knowledge, attitudes, beliefs, behavioral intentions, practices, behaviors, skills, self-efficacy, and health information needs and sources.

Under the terms of this generic, CDC will employ focus groups and key informant interviews to collect information. Depending on the specific purpose, the information collection may be conducted either in-person, by telephone, on paper, or online. For each generic information collection, CDC will submit to OMB the project summary and information collection tools.

CDC requests a total of 1,025 respondents and 825 burden hours annually. The respondents to these information collections are foreign born individuals in the United States. There is no cost to respondents other than the time required to provide the information requested.

**ESTIMATED ANNUALIZED BURDEN HOURS**

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden hours
Foreign-born from specific country of birth in the United States.	Screeners for focus groups (assuming 2 screenings for each recruited participant in focus groups) (300 × 2 = 600).	600	1	10/60	100
Foreign-born from specific country of birth in the United States.	Focus Groups (Approximately 30 focus groups/year and 10 participants per focus group).	300	1	2	600
Foreign-born community leaders and staff from organizations serving those communities.	Key informant interviews (Approximately 125 interviews/year).	125	1	1	125
Total .....	.....	.....	.....	.....	825

**Leroy A. Richardson,**  
*Chief, Information Collection Review Office,  
 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

[60Day-16-0984;Docket No. CDC-2016-  
 0025]

#### Proposed Data Collection Submitted for Public Comment and Recommendations

**AGENCY:** Centers for Disease Control and  
 Prevention (CDC), Department of Health  
 and Human Services (HHS).

**ACTION:** Notice with comment period.

**SUMMARY:** The Centers for Disease  
 Control and Prevention (CDC), as part of  
 its continuing efforts to reduce public  
 burden and maximize the utility of  
 government information, invites the  
 general public and other Federal  
 agencies to take this opportunity to  
 comment on proposed and/or  
 continuing information collections, as  
 required by the Paperwork Reduction  
 Act of 1995. This notice invites  
 comment on a proposed information  
 collection entitled "DELTA FOCUS  
 Program Evaluation." CDC will use the  
 information collected to improve the  
 national DELTA FOCUS program, and  
 to develop strategy interactions to help  
 the DELTA FOCUS program meet the  
 requirements of the Funding  
 Opportunity Announcement.

**DATES:** Written comments must be  
 received on or before May 6, 2016.

**ADDRESSES:** You may submit comments,  
 identified by Docket No. CDC-2016-  
 0025 by any of the following methods:

*Federal eRulemaking Portal:*  
*Regulation.gov.* Follow the instructions  
 for submitting comments.

*Mail:* Leroy A. Richardson,  
 Information Collection Review Office,  
 Centers for Disease Control and  
 Prevention, 1600 Clifton Road NE., MS-  
 D74, Atlanta, Georgia 30329.

*Instructions:* All submissions received  
 must include the agency name and  
 Docket Number. All relevant comments  
 received will be posted without change  
 to Regulations.gov, including any  
 personal information provided. For  
 access to the docket to read background  
 documents or comments received, go to  
 Regulations.gov.

**Please note:** All public comment should be  
 submitted through the Federal eRulemaking  
 portal (Regulations.gov) or by U.S. mail to the  
 address listed above.

**FOR FURTHER INFORMATION CONTACT:** To  
 request more information on the  
 proposed project or to obtain a copy of  
 the information collection plan and  
 instruments, contact the Information  
 Collection Review Office, Centers for  
 Disease Control and Prevention, 1600  
 Clifton Road NE., MS-D74, Atlanta,  
 Georgia 30329; phone: 404-639-7570;  
 Email: [omb@cdc.gov](mailto:omb@cdc.gov).

**SUPPLEMENTARY INFORMATION:** Under the  
 Paperwork Reduction Act of 1995 (PRA)  
 (44 U.S.C. 3501-3520), Federal agencies  
 must obtain approval from the Office of  
 Management and Budget (OMB) for each  
 collection of information they conduct  
 or sponsor. In addition, the PRA also  
 requires Federal agencies to provide a  
 60-day notice in the **Federal Register**  
 concerning each proposed collection of  
 information, including each new  
 proposed collection, each proposed  
 extension of existing collection of  
 information, and each reinstatement of  
 previously approved information  
 collection before submitting the  
 collection to OMB for approval. To  
 comply with this requirement, we are  
 publishing this notice of a proposed  
 data collection as described below.

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; (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; and (e) estimates of capital  
 or start-up costs and costs of operation,  
 maintenance, and purchase of services  
 to provide information. Burden means  
 the total time, effort, or financial  
 resources expended by persons to  
 generate, maintain, retain, disclose or  
 provide information to or for a Federal  
 agency. This includes the time needed  
 to review instructions; to develop,  
 acquire, install and utilize technology  
 and systems for the purpose of  
 collecting, validating and verifying  
 information, processing and  
 maintaining information, and disclosing  
 and providing information; to train  
 personnel and to be able to respond to  
 a collection of information, to search  
 data sources, to complete and review

the collection of information; and to  
 transmit or otherwise disclose the  
 information.

#### Proposed Project

DELTA FOCUS Program Evaluation—  
 Reinstatement with change—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.

The purpose of the DELTA FOCUS  
 (Domestic Violence Prevention  
 Enhancement and Leadership Through  
 Alliances, Focusing on Outcomes for  
 Communities United with States)  
 program is to promote the prevention of  
 IPV through the implementation and  
 evaluation of strategies that create a  
 foundation for the development of  
 practice-based evidence. By  
 emphasizing primary prevention, this  
 program will support comprehensive  
 and coordinated approaches to IPV  
 prevention. Each State Domestic  
 Violence Coalition (SDVC) is required to  
 identify and fund one to two well-  
 organized, broad-based, active local  
 coalitions (referred to as coordinated  
 community responses or CCRs) that are  
 already engaging in, or are at capacity to  
 engage in, IPV primary prevention  
 strategies affecting the structural  
 determinants of health at the societal  
 and/or community levels of the social  
 ecological model. SDVCs must facilitate  
 and support local-level implementation  
 and hire empowerment evaluators to  
 support the evaluation of IPV  
 prevention strategies by the CCRs.  
 SDVCs must also implement and with  
 their empowerment evaluators, evaluate  
 state-level IPV prevention strategies.

CDC seeks a one-year OMB approval  
 to collect information electronically  
 from awardees, their CCRs and their  
 empowerment evaluators. Information  
 will be collected using the DELTA  
 FOCUS Program Evaluation Survey  
 (referred to as DF Survey). The DF