Attachment C

Public Comment in Response to 60 Day Notice

From: Burroughs, Kennya L. (CDC/OD/OADS) (CTR) on behalf of OMB-Comments (CDC) Sent: Tuesday, June 12, 2012 1:03 PM To: Akil, Jahlani (CDC/ONDIEH/NCIPC) Subject: FW: public comment for federal register proposal FW: fat cat bureaucrats like prurient sex info - its time to shut down these pervert surveys omb 0920 0822

One non-substantive comment received. CDC's standard response was sent.

From: usacitizen1 usacitizen1 [mailto:usacitizen1@live.com]

Sent: Saturday, June 09, 2012 4:16 PM

To: OMB-Comments (CDC); president@whitehouse.gov; deficitreduction@senate.gov; americanvoices@mail.house.gov; speakerboehner@mail.house.gov; of paper/@mail.house.gov;

sf.nancy@mail.house.gov;

letters@newsweek.com; today@nbc.com

Subject: public comment for federal register proposal FW: fat cat bureaucrats like prurient sex info - its time to shut down these pervert surveys omb 0920 0822get these smutty employees out of this annual survey. there is no need for an annual survey. every 5 years might be ok to show trends. this agency does absolutely nothing with this information once collected.nothing, excpet they put out press releases on it. thats all. nothing gets fixed with this do

nothing survey. taxpayer are sick of being bludgeoned to pay taxes so some smutty cdc employ can get paid high salaries for taking telephone conversations about sex. this is as non ssential as can be. taxpayers need to keep their money to keep a roof over their head and buy food. this is no.20,501 on the priority list, and has no priority at all. no wonder american health care is falling down to no 27 where it used to be no. I. these fat cat high paid salaried employees would rather talk sexon the phone than do any work. the whole project is distasteful, completely unnecessary and needs to be shut down. the funds for this from taxpayers should be taken immediately. SHUT THIS DOWN FOR 5 YEARS. THIS COMMENT IS FOR THE PUBLIC RECORD. JEANPUBLIC

> > [Federal Register Volume 77, Number 109 (Wednesday, June 6, 2012)] > [Notices] > [Pages 33465-33467] > From the Federal Register Online via the Government Printing Office > [www.gpo.gov] > [FR Doc No: 2012-13692] > > > -----> > DEPARTMENT OF HEALTH AND HUMAN SERVICES > > Centers for Disease Control and Prevention > > [60Day-12-0822] > > > 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.

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> Proposed Project

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> National Intimate Partner and Sexual Violence Surveillance System

> (OMB No. 0920-0822, exp. 09/30/2012)--Revision--National Center for

> Injury Prevention and Control (NCIPC), Centers for Disease Control and

- > Prevention (CDC).
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> Background and Brief Description

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> The health burden of Intimate Partner Violence (IPV), Sexual

> Violence (SV) and stalking are substantial. To address this important

> public health problem, in 2010, CDC implemented the National Intimate

> Partner and Sexual Violence Surveillance System (NISVSS) which produces

> national and state level estimates of IPV, SV and Stalking on an annual

> basis.

> NIVSS used a dual-frame sampling strategy that includes both

> landline and cellphone. In 2010, approximately 45.2% of interviews were

> conducted by landline telephone and 54.8% of interviews were conducted

> using respondent's cell phone. The overall weighted response for 2010

> data collection was 27.5%. The weighted cooperation rate was 81.3%. The

> cooperation rate reflects the proportion who agreed to participate in

> the interview among those who were contacted and determined eligible.

> The cooperation rate obtained for 2010 data collection suggests that,

> once contact was made and eligibility was determined, the majority of

> respondents chose to participate in the interview.

> In the first year of data collection, the NISVSS data found that

> approximately 6.9 million women and 5.6 million men experienced rape,

> physical violence and/or stalking by an intimate partner within the

> last year. NISVSS data also suggested that 18.3% of women and 1.4% of

> men in the U.S. experienced rape in their lifetime. In addition, 44.5%

> of women and 22.2% of men experienced sexual violence other than rape

> during their lifetime. NISVSS 2010 data also indicates that

> approximately 5 million women and 1.4 million men in the United States

> were stalked in the 12 months prior to the survey.

> There are also overlaps between stalking and other forms of

> violence in intimate relationships; approximately 14% of females who

> were stalked by an intimate partner in their lifetime also experienced

> physical violence by an intimate partner; while 12% of female victims

> experienced rape, physical violence and stalking by a current or former

> intimate partner in their lifetime. Furthermore, 76% of female victims

> of intimate partner homicides were stalked by their partners before

> they were killed.

> The lifetime impact of these types of violence on victims is

> extensive. Nearly 1 in 3 women and 1 in 10 men in the United States

> have experienced rape, physical violence and/or stalking by an intimate

> partner and reported at least one impact related to experiencing these

> or other forms of violent behavior within the relationship (e.g., fear,

> concern for safety, post-traumatic stress disorder (PTSD) symptom,

> injury, crisis hotline consult, at least one day of work or school

> missed, and needs for health care, housing, victim advocate, and legal > services.

> CDC proposes to continue this national surveillance system that

> will provide more detailed and timely information on intimate partner

> violence, sexual violence and stalking victimization in the U.S. The

> proposed changes to the National Intimate Partner and Sexual Violence

> Surveillance System are two-fold: First, CDC will no longer collect

> data on special sub-populations (i.e. military, elderly AIAN) and thus,

> focuses the scope of data collection to the general population. Second,

> CDC will reduce the number of questions asked in the survey. Currently,

> NISVSS asks a total of 249 questions which comprise both behavioral

> gateway questions asked of every respondent and follow-up questions

> directed towards respondents who report experiencing various forms of

> intimate partner violence, sexual violence and stalking.

> The current proposal aims to reduce the number of questions to 178

> questions which will continue to be comprised of a combination of

> behavioral questions asked of every respondent and a series of follow-

> up questions that will only be asked of respondents reporting

> victimization.

> Focusing the scope of data collection and reducing the number of

> questions will result in a decrease in burden to the respondents.

> Previously, the estimated number of respondents screened was 20,948 and

> the number of respondents surveyed was 10,000. This resulted in an

> average burden per individual respondent screened of 3 minutes and

> average burden per individual surveyed of 25 minutes with a total

> burden of 5,214 hours.

> This proposal seeks to increase the sample size and response rate.

> The proposed number of respondents screened is 85,000 while the

> proposed number of respondents surveyed is 22,000. The average burden

> per screened respondent remains at 3 minutes (total burden in hours

> equals 4,250) while the average burden per surveyed respondent is 15

> minutes (total burden in hours equals 5,500). This proposal reduces the

> average burden per surveyed respondent by 10 minutes. The increase in

> the number of individuals screened and individuals surveyed equals a

> total burden of 9,750 hours.

> Shortening the survey and reducing the burden on respondents will

> allow CDC to conduct more interviews thus increasing the reliability of

> both national and state estimates. The purpose of the information

> collected remains the same.

> There are no costs to respondents to participate other than their

> time.

> > Estimated Annualized Burden Hours > -----> > Number of Average burden > Type of respondent Form name Number of > responses per per response Total burden > responses > respondent (in hours) (in hours) > -----> Individuals..... Non- 85,000 > 1 3/60 4,250 > Participating > Individuals > (Screened). > Eligible 22,000 > 1 15/60 5,500 > Individuals > (Surveyed). > > -----> Total..... > ------> > > > [[Page 33467]] > > 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. > [FR Doc. 2012-13692 Filed 6-5-12; 8:45 am] > BILLING CODE 4163-18-P