**Attachment 2b**

Public Comments

Division of Violence Prevention

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

**Public Comment #1**

**CDC ID# 0920-13PQ**

**From:** Jean Public [<mailto:jeanpublic1@yahoo.com>]   
**Sent:** Saturday, April 06, 2013 4:20 PM  
**To:** OMB-Comments (CDC); [americanvoices@mail.house.gov](mailto:americanvoices@mail.house.gov); [info@taxpayer.net](mailto:info@taxpayer.net); [media@cagw.org](mailto:media@cagw.org); [speakerboehner@mail.house.gov](mailto:speakerboehner@mail.house.gov)  
**Cc:** [president@whitehouse.gov](mailto:president@whitehouse.gov); [rush.holt@mail.house.gov](mailto:rush.holt@mail.house.gov); [letters@newsweek.com](mailto:letters@newsweek.com); [today@nbc.com](mailto:today@nbc.com); [info@theteaparty.org](mailto:info@theteaparty.org)  
**Subject:** Fw:public comment on federal register usdoj spending on this - no need to gouge taxpayers to spend on this - shut down this budget cost - put money into autism

taxpayers pay for medical personnel to be in this dept to research cures for diseases. we have the us dept of justice and police depts all over the country, as well as the justice dept

working on this. i see no reason for the fat cat bureaucrats who are medically trained to be involved tin this project. they should be finding a cure for autism,

or chronic colitis or cancer. IT IS CLEAR WE HAVE A LACK OF MANAGEMENT DIRECTION IN THE CDC WHICH IS LEADING THEM

TO WORK ON EVERY OTHER PROJECT FOR MEDICAL ONESS. CAN YOU EXPLAIN WHY THIS IS. THIS IS A SOCIAL PROGRAM, AND WE NEED TOWK ON

MEDICAL ISSUES AND YOU ARE AVOIDING THEM. AMERICA IS GOING TO RUIN IN  HEALTH CARE, WE USED TO BE  NO 1.

NOW WE ARE 27TH AND GOING DOWN FAST. BECAUSE WE HAVE A CDC WITH PAWS ALL OVER TH EPLACE, NO PRIRIITY LIST ONF SPENDING

AND SPENDING ALL OVER THE PLACE. WE WANT A PRIORITY LIST FOR HOW MUCH TAX DOLLARS COMES IN AND THE PRIORITY

LIST FOR WHERE IT IS GOING. IT IS CLEAER YOU DONT NEE4D TO BREANCH OUT TO THESE SOCIAL ISSUES. THIS IS A COMMENT FOR TH EPUBLIC RECORD. THE

TAXPAYERS CANNOT AFFORD THIS SCATTERSHOT APPROACH. JEAN PUBLIC

**Subject:** usdoj spending on this - no need to gouge taxpayers to spend on this - shut down this budget cost - put money into autism

[Federal Register Volume 78, Number 64 (Wednesday, April 3, 2013)]

[Notices]

[Pages 20114-20115]

From the Federal Register Online via the Government Printing Office [[www.gpo.gov](http://www.gpo.gov/)]

[FR Doc No: 2013-07741]

-----------------------------------------------------------------------

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-13PQ]

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 or

send comments to Ron Otten, 1600 Clifton Road, MS-D74, Atlanta, GA

30333 or send an email to [omb@cdc.gov](mailto: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

    DELTA FOCUS Program Evaluation--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.

    Primary prevention means stopping 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. Since that time, The DELTA Program has funded 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).

    The purpose of the DELTA FOCUS 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 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 SEM. 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 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 survey will collect information about SDVCs

satisfaction with CDC efforts to support them; process, program and

strategy implementation factors that affect their ability to meet the

requirements of the Funding Opportunity Announcement (FOA); prevention

knowledge and use of the public health approach; and sustainability of

prevention activities and successes.

    Information collected through the DF Survey will be used to guide

program improvements by CDC in the national DELTA FOCUS program

implementation and program improvements by SDVCs in implementation of

the program within their state. Specifically the data collection will

allow the federal government to assess: a) opportunities and barriers

to implementing the DELTA FOCUS program at the state and local levels,

b) benefits and challenges of focusing on prevention strategies at the

societal and community levels, and c) what data informed program

improvements are needed. Not collecting this data could result in

inappropriate implementation at the national, state, and local levels.

Thus, this data collection is an essential program evaluation activity.

    The DF Survey will be completed by 10 SDVC executive directors, 10

SDVC project coordinators, 19 CCR project coordinators, and 10 SDVC

empowerment evaluators and take a maximum of 1 hour to complete. We

expect for each SDVC there will be four web-based surveys completed in

the first year (2013) of awardee activity. CDC will analyze, interpret,

translate, and disseminate the survey findings in years two and three

of the information collection request. The total estimated annualized

burden for the proposed 10 awardees is 44 hours. There are no costs to

respondents other than their time.

[[Page 20115]]

                                                       Estimated Annualized Burden to Respondents

--------------------------------------------------------------------------------------------------------------------------------------------------------

                                                                                                     Number of       Average  burden

           Type of respondents                         Form name                  Number of        responses per      per  response    Total burden  (in

                                                                                 respondents         respondent         (in hours)           hours)

--------------------------------------------------------------------------------------------------------------------------------------------------------

State Domestic Violence Coalition          DELTA FOCUS Survey...............                 10                  1                  1                 10

Executive Director.

State Domestic Violence Coalition Project  DELTA FOCUS Survey...............                 10                  1                  1                 10

Coordinator.

Coordinated Community Response Project     DELTA FOCUS Survey...............                 19                  1                  1                 19

Coordinator.

State Domestic Violence Coalition          DELTA FOCUS Survey...............                 10                  1                .50                  5

Empowerment Evaluator.

                                                                             ---------------------------------------------------------------------------

    Total................................  .................................  .................  .................  .................                 44

--------------------------------------------------------------------------------------------------------------------------------------------------------

    Dated: March 28, 2013.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate

Director for Science, Office of the Director, Centers for Disease

Control and Prevention.

[FR Doc. 2013-07741 Filed 4-2-13; 8:45 am]

BILLING CODE 4163-18-P

**Public Comment #2**

**CDC ID# 0920-13PQ**

**From:** Jean Public [<mailto:jeanpublic1@yahoo.com>]   
**Sent:** Wednesday, April 03, 2013 2:56 PM  
**To:** OMB-Comments (CDC); [info@taxpayer.net](mailto:info@taxpayer.net); [media@cagw.org](mailto:media@cagw.org); [letters@newsweek.com](mailto:letters@newsweek.com); [today@nbc.com](mailto:today@nbc.com); [president@whitehouse.gov](mailto:president@whitehouse.gov)  
**Cc:** [americanvoices@mail.house.gov](mailto:americanvoices@mail.house.gov); [speakerboehner@mail.house.gov](mailto:speakerboehner@mail.house.gov)  
**Subject:** Fw:public comment on federal register intime partner vioilence - cdc voyeurism - likes juicy subjects - wastes tax dollars

I do not believe fat cqat bureaucrats in cubicles in Washington dc can do anything at all in stopping this issue. the usdot is already working on helping here, as if the local police. the taxpayers do not need to be gouged for a third agency to get involved, when we know they will be completely ineffective in changing anything at all.taxpayers pay trillions to this agency, thinking tha the high priced "researchers" will produce some cures for cancer, colitis, and other diseases. onsted their voyeurism comes out and they seek to pry into people's lives. I d not support his use of tax dollars at all. this cmoment is for the public record. we need smaller, cheaper govt. jean public

**Subject:** intime partner vioilence - cdc voyeurism - likes juicy subjects - wastes tax dollars

[Federal Register Volume 78, Number 64 (Wednesday, April 3, 2013)]

[Notices]

[Pages 20114-20115]

From the Federal Register Online via the Government Printing Office [[www.gpo.gov](http://www.gpo.gov/)]

[FR Doc No: 2013-07741]

-----------------------------------------------------------------------

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-13-13PQ]

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 or

send comments to Ron Otten, 1600 Clifton Road, MS-D74, Atlanta, GA

30333 or send an email to [omb@cdc.gov](mailto: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

    DELTA FOCUS Program Evaluation--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.

    Primary prevention means stopping 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. Since that time, The DELTA Program has funded 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).

    The purpose of the DELTA FOCUS 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 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 SEM. 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 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 survey will collect information about SDVCs

satisfaction with CDC efforts to support them; process, program and

strategy implementation factors that affect their ability to meet the

requirements of the Funding Opportunity Announcement (FOA); prevention

knowledge and use of the public health approach; and sustainability of

prevention activities and successes.

    Information collected through the DF Survey will be used to guide

program improvements by CDC in the national DELTA FOCUS program

implementation and program improvements by SDVCs in implementation of

the program within their state. Specifically the data collection will

allow the federal government to assess: a) opportunities and barriers

to implementing the DELTA FOCUS program at the state and local levels,

b) benefits and challenges of focusing on prevention strategies at the

societal and community levels, and c) what data informed program

improvements are needed. Not collecting this data could result in

inappropriate implementation at the national, state, and local levels.

Thus, this data collection is an essential program evaluation activity.

    The DF Survey will be completed by 10 SDVC executive directors, 10

SDVC project coordinators, 19 CCR project coordinators, and 10 SDVC

empowerment evaluators and take a maximum of 1 hour to complete. We

expect for each SDVC there will be four web-based surveys completed in

the first year (2013) of awardee activity. CDC will analyze, interpret,

translate, and disseminate the survey findings in years two and three

of the information collection request. The total estimated annualized

burden for the proposed 10 awardees is 44 hours. There are no costs to

respondents other than their time.

[[Page 20115]]

                                                       Estimated Annualized Burden to Respondents

--------------------------------------------------------------------------------------------------------------------------------------------------------

                                                                                                     Number of       Average  burden

           Type of respondents                         Form name                  Number of        responses per      per  response    Total burden  (in

                                                                                 respondents         respondent         (in hours)           hours)

--------------------------------------------------------------------------------------------------------------------------------------------------------

State Domestic Violence Coalition          DELTA FOCUS Survey...............                 10                  1                  1                 10

Executive Director.

State Domestic Violence Coalition Project  DELTA FOCUS Survey...............                 10                  1                  1                 10

Coordinator.

Coordinated Community Response Project     DELTA FOCUS Survey...............                 19                  1                  1                 19

Coordinator.

State Domestic Violence Coalition          DELTA FOCUS Survey...............                 10                  1                .50                  5

Empowerment Evaluator.

                                                                             ---------------------------------------------------------------------------

    Total................................  .................................  .................  .................  .................                 44

--------------------------------------------------------------------------------------------------------------------------------------------------------

    Dated: March 28, 2013.

Ron A. Otten,

Director, Office of Scientific Integrity, Office of the Associate

Director for Science, Office of the Director, Centers for Disease

Control and Prevention.

[FR Doc. 2013-07741 Filed 4-2-13; 8:45 am]

BILLING CODE 4163-18-P