

Attachment 2b

Public Comments

Division of Violence Prevention
National Center for Injury Prevention and Control
Centers for Disease Control and Prevention

From: Jean Public [<mailto:jeanpublic1@yahoo.com>]
Sent: Saturday, April 06, 2013 4:20 PM
To: OMB-Comments (CDC); americanvoices@mail.house.gov; info@taxpayer.net; media@cagw.org; speakerboehner@mail.house.gov
Cc: president@whitehouse.gov; rush.holt@mail.house.gov; letters@newsweek.com; today@nbc.com; 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]

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.

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.

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to Respondents

Estimated Annualized Burden

Number of respondents	Type of respondents	Number of responses per respondent	Average burden per response (in hours)	Form name	Total burden (in hours)
1	State Domestic Violence Coalition Survey.....	10	10	DELTA FOCUS	1
	Executive Director.				
1	State Domestic Violence Coalition Project Survey.....	10	10	DELTA FOCUS	1
	Coordinator.				
1	Coordinated Community Response Project Survey.....	19	19	DELTA FOCUS	1
	Coordinator.				
0	State Domestic Violence Coalition Survey.....	5	10	DELTA FOCUS	1
	Empowerment Evaluator.				.5
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]

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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; media@cagw.org; letters@newsweek.com; today@nbc.com; president@whitehouse.gov

Cc: americanvoices@mail.house.gov; 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

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