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[FR Doc. 2023-12361 Filed 6-8-23; 8:45 am]

BILLING CODE 4163-18-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-23-23AH]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 21, 2022 to obtain comments from the public and affected agencies. CDC received two non-substantive comments related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation—New—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

CDC is requesting approval for a New data collection entitled “Community Health Workers for COVID Response and Resilient Communities (CCR) National Evaluation.” OMB approval is requested for three years.

In 2021, CDC funded DP21-2109, “Community Health Workers for COVID Response and Resilient Communities (CCR)”. DP21-2109 funds 68 CCR recipients across the United States to train and deploy community health workers (CHWs) to support COVID-19 response efforts and to build and strengthen community resilience to fight COVID-19 through addressing existing health disparities. DP21-2109 is funded for a three-year period, from September 2021 through August 2024. At the same time, CDC also funded two recipients under CDC-RFA-DP21-2110, “Community Health Workers for COVID Response and Resilient Communities (CCR)—Evaluation and Technical Assistance” (CCR-ETA recipients) to design and conduct the national evaluation of DP21-2109 CCR. These two recipients will lead the information collection described in this request.

Both DP21-2109 and DP21-2110 were funded through the Coronavirus Aid, Relief, and Economic Security (CARES) Act of 2020 funds allocated to CDC to

achieve the goal of protecting the American people from the public health impacts of COVID-19. The novel Coronavirus Disease 2019 has impacted communities nationwide. Racial and ethnic minority groups, economically disadvantaged persons, justice-involved individuals, people experiencing homelessness, and people who use drugs and/or have certain underlying medical conditions have a higher risk of having severe COVID-19 illness and adverse outcomes. Thus, these groups represent the CCR populations of focus.

The purpose of the DP21-2109 CCR national evaluation is to monitor implementation and evaluate implementation and outcomes of CCR. CDC will use resulting information to describe the implementation of CCR at the national level, inform future community-based and CHW-led COVID response programs, and, in conjunction with secondary data sources, assess some important health outcomes, including vaccination rates among populations of focus. This request includes the following information collections:

- **CCR Recipient Survey:** The survey will collect information about: (1) program management; (2) organizational infrastructure; (3) populations of focus served by CCR funded efforts; (4) CHW hiring and compensation; (5) CHW training, certification, and integration into community-based and care COVID response teams; (6) CHW referral tracking systems; (7) non-CDC resources supporting the program; and (8) other aspects of program implementation. The survey will be administered once—at the end of program Year 3—in both English and Spanish using web-based survey software.

- **CHW Survey:** The survey will collect information about: (1) CHW compensation and benefits; (2) core CHW roles during CCR implementation; (3) integration of CHWs into community-based and care COVID response teams; (4) core competency training; (5) supervision; (6) CHW-initiated referrals; and (7) CHW involvement in decision-making. The survey will be administered once—at the end of program Year 3—in English and Spanish using web-based survey software.

CDC requests OMB approval for an estimated 194 annual burden hours. There is no cost to respondents other than their time to participate.

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
CDC-RFA-DP21-2109 CCR recipients .....	CCR Recipient Survey .....	23	1	25/60
CCR CHWs .....	CCR CHW Survey .....	367	1	30/60

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[FR Doc. 2023-12357 Filed 6-8-23; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[30Day-23-23AA]

#### Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information collection request titled “DELTA Achieving Health Equity through Addressing Disparities (AHEAD) Cooperative Agreement Evaluation” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on October 17, 2022 to obtain comments from the public and affected agencies. CDC received four comments to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other

forms of information technology, *e.g.*, permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to [www.reginfo.gov/public/do/PRAMain](http://www.reginfo.gov/public/do/PRAMain). Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

#### Proposed Project

DELTA Achieving Health Equity through Addressing Disparities (AHEAD) Cooperative Agreement Evaluation—New—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

#### Background and Brief Description

The goal of this project is to collect monitoring data for performance and implementation of the cooperative agreement: Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA) Achieving Health Equity through Addressing Disparities (AHEAD). The Centers for Disease Control and Prevention (CDC) seeks OMB approval for three years for a New Information Collection Request (ICR) to collect information from 22 recipients (State Domestic Violence Coalitions) and all 32 sub-recipients (Coordinated Community Response Teams) funded through CDC’s DELTA AHEAD Program cooperative agreement. CDC will collect information from DELTA AHEAD recipients as part of its program evaluation to assess the implementation and impact of the Notice of Funding

Opportunity (NOFO) and further understand the facilitators, barriers, and critical factors to implement specific violence prevention strategies and conduct program evaluation activities.

Intimate Partner Violence (IPV) is a serious, yet preventable public health problem that affects millions of people in the United States each year. Data from CDC’s 2015 National Intimate Partner and Sexual Violence Survey indicate that about one in four women and one in 10 men have experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime and reported some form of IPV-related impact. This form of violence disproportionately affects marginalized populations in the United States. Evidence suggests an increase in new cases and severity of IPV, particularly for marginalized groups, during the COVID-19 pandemic, pointing to the need to adapt IPV prevention strategies during shutdowns and other national and global emergencies. Such disparities in the risk of IPV are created and maintained through systemic health and social inequities. To achieve health equity requires addressing root causes (*e.g.*, discrimination and biases in societal values, public policy) that differentially disadvantage groups based on characteristics such as race, ethnicity, gender, and ability, and are often expressed as racism, sexism, and disability discrimination. Information to be collected will provide crucial data for program performance monitoring and provide CDC with the capacity to respond in a timely manner to requests for information about the program from the Department of Health and Human Services (HHS), the White House, Congress, and other sources. Information to be collected will also strengthen CDC’s ability to monitor awardee progress, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries. Monitoring the impact of population-based strategies and identifying new insights and innovative solutions to health problems are two of the noted public health activities that all public health systems should undertake. For