

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Centers for Disease Control and Prevention****[30Day–26–1412]****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 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 March 24, 2026, to obtain comments from the public and affected agencies. CDC received two comments relating 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. 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 Cooperative Agreement Evaluation (OMB Control No. 0920–1412, Exp. 8/31/26)—Revision—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The goal of this Revision is to continue to collect monitoring data for project performance and implementation of the cooperative agreement for Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA). The Center for Disease Control and Prevention (CDC) seeks OMB approval for an additional three years to continue collecting information from 13 recipients (State Domestic Violence Coalitions) funded through CDC’s DELTA Program cooperative agreement. CDC will collect information from DELTA recipients as part of its program evaluation to assess the implementation and impact of the funding opportunities 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 2023/2024 National Intimate Partner and Sexual Violence Survey (NISVS) indicate that nearly one in three adult women (34%) and approximately one in six men (17%) in the U.S. report having experienced contact sexual violence, physical violence, and/or stalking by a partner. The burden of IPV is not shared equally across all groups. Data from the 2016/2017 NISVS indicate that the lifetime prevalence of experiencing contact sexual violence, physical violence, or stalking by an intimate partner is 63.8% among multi-racial women, 57.7% among American Indian/Alaska Native women, 53.6% among non-Hispanic Black women, 48.4% among non-Hispanic White women, 42.1% among Hispanic women, and 27.2% among Asian-Pacific Islander women. Studies also show that people with a disability

have nearly double the lifetime risk of IPV victimization. To achieve optimal level of health for all, including those with the greatest risk for violence, requires focusing prevention efforts where they will have the greatest impact.

Information collected from recipients on the state- and local-level provides crucial data for performance monitoring of the cooperative agreement and provides 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 collected also strengthens CDC’s ability to monitor awardee progress toward achievement of their stated goals and objectives, provide data-driven technical assistance, and disseminate the most current surveillance data on unintentional and intentional injuries.

Monitoring the impact 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 NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable accurate, reliable, uniform, and timely submission to NCIPC of each awardee’s progress report, strategies and performance measures. Funded recipients are expected to use data to inform prevention practices. By increasing access to conditions needed for health and safety, funded recipients reduce risk factors for and/or increase protective factors against Intimate Partner Violence (IPV). Authorized by the Family Violence and Prevention Services Act (FVPSA), CDC has funded the DELTA Program since 2002. The DELTA program funds State Domestic Violence Coalitions (SDVCs) to implement statewide IPV prevention efforts and assist and fund local communities to do the same.

The information collection and reporting requirements have been revised to streamline the process while still ensuring alignment with and support of the specific goals and outcomes outlined in the cooperative agreement. This funding opportunity includes two funding options. Category A recipients will have existing high capacity to implement primary prevention strategies and will build upon existing efforts. Category B recipients will focus on gathering publicly available data to better understand gaps in IPV prevention

resources, building capacity to implement and evaluate IPV primary prevention in their state and selected communities, and using evaluation data for quality improvement.

CDC will use the information collected to further understand the facilitators, barriers, and critical factors to implementing specific violence prevention strategies and conducting related program evaluation activities. Data collected will also be used to

inform CDC's training and technical assistance, program improvement, progress toward NOFO goals, and the development of future funding opportunities. Program evaluation activities allow CDC to identify and disseminate information about successful prevention strategies implemented by recipients. These functions are central to NCIPC's broad mission of protecting Americans from violence and injury threats. This

information collection will allow CDC to monitor the impact of the strategies implemented by the recipients on outcomes related to intimate partner violence prevention. It is also expected to reduce duplication of effort, enhance program impact, and maximize the use of federal funds.

CDC requests OMB approval for an estimated 130 annual burden hours. There are no direct costs 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)
DELTA State Domestic Violence Coalition (SDVC) Project Leads.	Annual Performance Report ..	13	1	10

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[FR Doc. 2026-12279 Filed 6-17-26; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30-Day-26-1393]

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 "Research Data Center Proposal (RDC) Security Forms for Access to Confidential Data" 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 April 1, 2026 to obtain comments from the public and affected agencies. CDC received four comments for this 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;

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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. 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

Research Data Center (RDC) Data Security Forms for Access to

Confidential Data for the National Center for Health Statistics (OMB Control No. 0920-1393)—Reinstatement—National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Section 306(b)(4) of the Public Health Service (PHS) Act (42 U.S.C. 242k(b)(4)), as amended, authorizes the Secretary of Health and Human Services (DHHS), acting through NCHS, to receive requests for furnishing statistics to the public. NCHS receives requests for statistics from the public through the Standard Application Process (SAP). The public may apply to access confidential data assets held by a federal statistical agency or unit through the SAP for the purposes of generating statistics and developing evidence. Once an application for confidential data is approved through the SAP, NCHS will collect information to meet its data security requirements using its Data Security Forms. This information collection using the Data Security Forms will occur outside of the SAP. This is a request for approval from OMB to collect information via the Researcher Data Center Data Security Forms over the next three years.

As part of a comprehensive data dissemination program, the Research Data Center (RDC), National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), requires prospective researchers who need access to confidential data to complete a research application in the SAP. Researchers self-select whether they need access to confidential data to answer their research questions. The RDC requires the researcher to complete