conferences for the dental public health community. The word ''state'' is used to indicate U.S. states, the District of Columbia, U.S. territories, and other U.S.-associated jurisdictions, except where explicitly noted otherwise.

In 1994, ASTDD originated the annual Synopses of Dental Programs to share information among dental directors and partners. The Synopses of State Oral Health Programs (hereby referred to as State Synopses) described program activities and successes and the challenges that programs faced during the previous year. In 1997, ASTDD changed the format to a more structured questionnaire. Since 1998, ASTDD has been supported to collect data through cooperative agreements with CDC. This collection is necessary because no other agency or entity produces similar analyses or reports, and the Synopsis questionnaire is the only national data collection source tracking states' efforts to improve oral health and contributions to progress toward the national targets for Healthy People objectives for oral health.

OMB approval is requested for three years. CDC requests approval for an estimated 299 annual burden hours. Participation is voluntary and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
State Oral Health Director or designated program contact.	Synopses of State Dental Public Health Programs.	51	1	352/60

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–22503 Filed 10–14–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–23–23AA; Docket No. CDC–2022–0122]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled DELTA Achieving Health Equity through Addressing Disparities (AHEAD) Cooperative Agreement Evaluation. This project aims to collect information from DELTA AHEAD recipients to assess implementation and program impact, and to further understand the facilitators, barriers, and other critical factors associated with program activities.

DATES: CDC must receive written comments on or before December 16, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0122 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (*www.regulations.gov*) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. 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;
2. Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
3. Enhance the quality, utility, and clarity of the information to be collected;
4. 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 submissions of responses; and
5. Assess information collection costs.

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 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 (NISVS) 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 NCIPC, these objectives cannot be satisfied without the systematic collection of data and information from state health departments. The information collection will enable the accurate, reliable, uniform, and timely submission to NCIPC of each awardee's progress report and injury indicators, including strategies and performance measures. Funded recipients are expected to use data to identify populations and environments at differential risk for violence due to inequitable access to conditions needed for health and safety. By increasing equitable access to Social Determinants of Health (SDOH), funded recipients reduce risk factors for and/or increase protective factors against 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 carefully designed to align with and support 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.

Using recipients' annually submitted progress, outcomes, performance indicators, and related measures, CDC will aggregate and synthesize those data to inform the CDC evaluation of the cooperative agreement initiative across all recipients to capture program impact at the community and state levels, as well as performance monitoring and continuous program improvement. The CDC evaluation will inform and highlight the progress and achievements that recipients are making toward reducing IPV using community and societal level primary prevention approaches in addressing risk and protective factors.

CDC requests OMB approval for an estimated 962 annual burden hours. There are no 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)	Total burden (in hours)
DELTA AHEAD State Domestic Violence.	Annual Performance Report	22	4	10	880
Coalition (SDVC) Project Leads	Key Informant Interview—Project Lead.	22	2	30/60	22
DELTA AHEAD SDVC Evaluators	Key Informant Interview—Evaluator	22	2	30/60	22
DELTA AHEAD SDVC staff	Prevention Infrastructure Assessment.	22	3	20/60	22
DELTA AHEAD Coordinated Community Response Team (CCRT) Staff.	Sub-recipient Survey	32	2	15/60	16
Total					962

Jeffrey M. Zirger,

Lead, Information Collection Review Office, Office of Scientific Integrity, Office of Science, Centers for Disease Control and Prevention.

[FR Doc. 2022–22508 Filed 10–14–22; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines Meeting

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS).

ACTION: Notice.

SUMMARY: The Advisory Commission on Childhood Vaccines (ACCV) provides advice and recommendations to the Secretary of HHS (Secretary) on policy, program development, and other issues related to the implementation of the National Vaccine Injury Compensation Program (VICP) and concerning other matters as described under the Public Health Service Act. To ensure compliance with the statutory requirement that the ACCV meet not less than four times per year, this notice announces that the ACCV meeting originally scheduled for March 3, 2022, has been rescheduled for December 2, 2022.

DATES: The ACCV meeting will be held on December 2, 2022, from 1:00 p.m.–4:00 p.m. Eastern Time.

ADDRESSES: This meeting will be held by Zoom webinar.

- *Webinar link: https://hrsa-gov.zoomgov.com/j/1603695024?pwd=ZG4rUWw0NUlTN2d0OWRZWVJjVmNIZz09.*
- *Conference call-in number:* 833 568 8864, Meeting ID: 160 369 5024, Passcode: 72471327.

FOR FURTHER INFORMATION CONTACT: Pita Gomez, Principal Staff Liaison, ACCV, 5600 Fishers Lane, Rockville, Maryland 20857, telephone: (301) 945–9386 or email: *ACCV@HRSA.gov.*

SUPPLEMENTARY INFORMATION: All 2022 ACCV meetings were originally announced in the **Federal Register**, Vol. 87, No. 20 on Monday, January 31, 2022, (FR Doc. 2022–01848 Filed 1–28–22), and the notice canceling the March 3, 2022, meeting was published on February 28, 2022 (FR Doc. 2022–04127 Filed 2–25–22).

Since priorities dictate ACCV meeting times, be advised that start times, end times, and agenda items are subject to change. Agenda items may include but are not limited to, updates from the Division of Injury Compensation Programs (HRSA), Torts Branch (Department of Justice), Office of Infectious Disease and HIV/AIDS Policy (HHS), Immunization Safety Office (Centers for Disease Control and Prevention), National Institute of Allergy and Infectious Diseases (National Institutes of Health) and Center for Biologics, Evaluation and Research (Food and Drug Administration). Refer to the ACCV website at *https://www.hrsa.gov/advisory-committees/vaccines/index.html* for all current and updated information concerning the ACCV meeting, including draft agendas and meeting materials that will be posted 5 calendar days before the meeting.

The ACCV meeting will be public, and members of the public will have the opportunity to provide comments. Public participants may submit written statements in advance of the scheduled meeting. Oral comments will be honored in the order they are requested and may be limited as time allows. Requests to submit a written statement or make oral comments to the ACCV should be sent to Pita Gomez using the contact information above at least 5 business days before the meeting date.

Individuals who need special assistance or another reasonable accommodation should notify Pita Gomez using the contact information listed above at least 10 business days before the meeting they wish to attend.

Maria G. Button,

Director, Executive Secretariat.

[FR Doc. 2022–22486 Filed 10–14–22; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Public Comment Request; Information Collection Request Title: Health Center Program Forms OMB No. 0915–0285 Revision

AGENCY: Health Resources and Services Administration (HRSA), Department of Health and Human Services.

ACTION: Notice.

SUMMARY: In compliance with the requirement for opportunity for public comment on proposed data collection projects of the Paperwork Reduction Act of 1995, HRSA announces plans to submit an Information Collection Request (ICR), described below, to the Office of Management and Budget (OMB). Prior to submitting the ICR to OMB, HRSA seeks comments from the public regarding the burden estimate, below, or any other aspect of the ICR.

DATES: Comments on this ICR should be received no later than December 16, 2022.

ADDRESSES: Submit your comments to *paperwork@hrsa.gov* or mail the HRSA Information Collection Clearance Officer, Room 14N136B, 5600 Fishers Lane, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, email *paperwork@hrsa.gov* or call Samantha Miller, the acting HRSA Information Collection Clearance Officer at (301) 443–9094.

SUPPLEMENTARY INFORMATION: When submitting comments or requesting information, please include the information request collection title for reference.

Information Collection Request Title: Health Center Program Forms, OMB No. 0915–0285 Revision.

Abstract: The Health Center Program, administered by HRSA, is authorized under section 330 of the Public Health Service (PHS) Act (42 U.S.C. 254b). Health centers are community-based and patient-directed organizations that deliver affordable, accessible, quality, and cost-effective primary health care services to patients regardless of their ability to pay. Nearly 1,400 health centers operate approximately 14,000 service delivery sites that provide primary health care to more than 30 million people in every U.S. state, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and the Pacific Basin. HRSA uses forms for new and existing health centers and other entities to apply for various grant and non-grant opportunities, renew grant and non-grant designations, report progress, and change their scopes of project.

Need and Proposed Use of the Information: Health Center Program-specific forms are necessary for award processes and oversight of the Health Center Program and other relevant programs. These forms provide HRSA staff and objective review committee panels with information essential for application evaluation, funding recommendation and approval, designation, and monitoring. These forms also provide HRSA staff with information essential for evaluating compliance with Health Center Program statutory and regulatory requirements.