e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Advancing Violence Epidemiology in Real-Time (AVERT)—NEW—National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Firearm deaths and injuries are a serious public health problem in the United States. In 2021, more than 47,000 people died because of a firearm-related injury, according to provisional mortality data from the CDC's National Vital Statistics System. Many more people suffer nonfatal firearm-related injuries, and some areas and populations are disproportionately affected by firearm injuries. In an analysis of Emergency Department (ED) visits from 10 U.S. jurisdictions, the proportion of ED visits for firearm injuries were higher in communities that experienced more poverty, unemployment, lower incomes, and lower educational attainment. People hospitalized with nonfatal gunshot wounds often experience long-term consequences, including physical disabilities and chronic mental health problems from conditions such as post-traumatic-stress disorder. The economic impact of firearm injury and mortality is also substantial, costing the U.S. billions of dollars each year in medical and lost productivity costs alone, according to CDC's Web-based Injury Statistics Query and Reporting System (WISQARS) Cost of Injury module. An understanding of the full extent of the problem is crucial to informing prevention and response strategies and reducing future incidents.

Timely state- and local-level data on ED visits for firearm injuries are currently limited. More context on ED visits for firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions (which may increase risk for, or be a negative outcome associated with firearm injuries and other violence-related injuries) is also needed. The collection of near real-time data on ED visits for these outcomes of interest at the state- and local-level could improve state and local jurisdictions' ability to identify, respond to, and prevent violence. These data can also be used to identify, track, and address disparities in ED visits for firearm injuries, violence-related injuries, and mental health conditions.

The AVERT data collection integrates, expands, and enhances previous data sharing efforts with public health departments initiated under the Firearm Injury Surveillance Through Emergency Rooms (FASTER) program, which provided funding for 10 jurisdictions to share firearm injury-related ED visit data with CDC. The goal of AVERT is to build on the FASTER program and provide funding to a minimum of 10 jurisdictions to share timely ED data for all firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions. AVERT is made possible because the vast majority of the participating health departments are already rapidly collecting extensive data on ED visits in their jurisdiction and using these data for the identification of public health concerns, including flu, heat-related illness, and disaster-related health issues. AVERT will support states to conduct routine monitoring of these data to identify ED visits related to firearm injuries (regardless of intent), other violence-related injuries, and mental health conditions, in addition to analyze these data in a timely manner and share these data with CDC. The AVERT program will ensure participating jurisdictions use their data to track all firearm injuries, other violence-related injuries, and mental health conditions by providing participating jurisdictions standardized definitions, which can facilitate rapid identification and tracking of ED data on violence.

AVERT leverages existing ED data collection efforts deployed across state health departments through CDC's National ED Syndromic Surveillance program. The Division of Health Informatics and Surveillance (DHIS) in the Center for Surveillance, Epidemiology, and Laboratory Services (CSELS) in CDC operates the National Syndromic Surveillance Program (NSSP) BioSense Platform (OMB Control No. 0920–0824) through which state and local health departments share preliminary data such as the chief complaint of the patient seeking care at the ED.

CDC requests OMB approval for an estimated 30 annual burden hours. There are no costs to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Total number of responses per respondent	Average burden per response (hours)	Total annual burden (hours)
Participating health departments sharing case-level ED data with CDC through the NSSP BioSense (OMB Control No. 0920–0824).	ED form (*ED violence data form*)	10	6	30/60	30
Total	.....	.....	.....	.....	30

Jeffrey M. Zirger,

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

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BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Submission for OMB Review; National Human Trafficking Training and Technical Assistance Center (NHTTAC) Evaluation Package (OMB #0970–0519)

AGENCY: Office on Trafficking in Persons, Administration for Children and Families, Department of Health and Human Services.

ACTION: Request for public comments.

SUMMARY: The Office on Trafficking of Persons (OTIP), Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS), is requesting renewal with revisions to the instruments previously approved for the National Human Trafficking Training and

Technical Assistance Center (NHTTAC) Evaluation Package (Office of Management and Budget (OMB) #0970–0519, expiration 03/31/2023). Items were expanded to include measures related to specific skills, competencies, and knowledge and outcomes at the organizational and community levels, and the annual burden has increased for several forms.

DATES: *Comments due within 30 days of publication.* OMB must make a decision about the collection of information between 30 and 60 days after publication of this document in the **Federal Register**. Therefore, a comment is best assured of having its full effect if OMB receives it within 30 days of publication.

ADDRESSES: Written 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. You can also obtain copies of the proposed collection of information by emailing *infocollection@acf.hhs.gov.* Identify all emailed requests by the title of the information collection.

SUPPLEMENTARY INFORMATION:

Description: The NHTTAC delivers training and technical assistance (T/TA) to inform and deliver a public health response to trafficking. In applying a public health approach, NHTTAC holistically builds the capacity of professionals, organizations, and communities to identify and respond to the complex needs of all individuals who have experienced trafficking or who have increased risk factors for trafficking and address the root causes that put individuals, families, and communities at risk of trafficking. These efforts ultimately help improve the availability and delivery of coordinated and trauma-informed services before, during, and after an individual's trafficking exploitation, regardless of their age, gender identity, sexual orientation, race/ethnicity, nationality, or type of exploitation experienced.

NHTTAC hosts a variety of services, programs, and facilitated sessions to improve service provision to people who have experienced trafficking or who have increased risk factors for trafficking, including The Human Trafficking Leadership Academy; SOAR (Stop, Observe, Ask, and Respond) to Health and Wellness; OTIP-funded recipients; both short-term and specialized T/TA requests; the NHTTAC Customer Support; and information through NHTTAC's website, resources, and materials about trafficking. This information collection is intended to collect feedback from participants to assess a diverse range of T/TA provided by NHTTAC.

Revisions have been made in order to:

- Respond to Postgraduate Institute for Medicine accreditation requirements through SOAR T/TA
- Reduce burden where applicable
- Provide flexibility for NHTTAC to assess new knowledge gains, application of skills/competencies, and outcomes of participants who received NHTTAC T/TA
- Understand NHTTAC's progress on improving diversity, equity, and inclusion

Respondents: NHTTAC T/TA participants include OTIP grant recipients, individuals with lived experience, professionals who interact with and provide services to individuals who have experienced trafficking, including healthcare, behavioral health, public health, and human service practitioners, organizations, and communities.

ANNUAL BURDEN ESTIMATES

Instrument	Annual number of respondents	Total number of responses per respondent	Average burden hours per response	Annual burden hours
Universal T/TA Participant Feedback—Long Version	2,100	1	0.43	903
Universal T/TA Participant Feedback—Short Version	50,000	1	0.10	5,000
Intensive T/TA Participant Feedback	650	1	1.17	761
Follow Up Feedback	10,000	1	0.50	5,000
Qualitative Guide	2,200	1	1.50	3,300
Network Survey	600	1	1.00	600
Client Satisfaction Survey	1,000	1	0.08	80
Resources Feedback	500	1	0.08	40
Requester Feedback	250	1	0.12	30

Estimated Total Annual Burden Hours: 15,714.

Authority: 22 U.S.C. 7104 and 22 U.S.C. 7105(c)(4).

John M. Sweet Jr,

ACF/OPRE Certifying Officer.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2022–N–3319]

Framework for the Use of Digital Health Technologies in Drug and Biological Product Development; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice of availability.

SUMMARY: The Food and Drug Administration (FDA or Agency) is announcing the publication of a digital health technology (DHT) framework by the Center for Drug Evaluation and Research and the Center for Biologics Evaluation and Research. This framework is entitled ''Framework for the Use of Digital Health Technologies in Drug and Biological Product Development.'' This fulfills an FDA commitment under the seventh iteration of the Prescription Drug User Fee Act (PDUFA VII) reauthorization, incorporated as part of the FDA User Fee Reauthorization Act of 2022.

DATES: Either electronic or written comments on the framework must be submitted by May 23, 2023.