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[FR Doc. 2020-01052 Filed 1-22-20; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-20-20EN; Docket No. CDC-2019-
0116]

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 and/or continuing
information collection, as required by
the Paperwork Reduction Act of 1995.
This notice invites comment on a
proposed information collection project
titled “Identifying Information Needs
and Communication Channels for
Reaching At-Risk Populations During
Emergencies”. This information
collections aims to understand the
preferences, needs, and challenges of
persons with limited English
proficiency (LEP) in accessing and
understanding health protection
information during an infectious disease
emergency as well as persons who will
likely help them navigate and
understand health information during
an outbreak: Family, physicians, staff at
community-based organizations, and
staff at local public health agencies.

DATES: CDC must receive written
comments on or before March 23, 2020.

ADDRESSES: You may submit comments,
identified by Docket No. CDC-2019-
0116 by any of the following methods:

- **Federal eRulemaking Portal:**
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-D74, Atlanta,
Georgia 30329.

Instructions: All submissions received
must include the agency name and
Docket Number. CDC will post, without

change, all relevant comments to
Regulations.gov.

Please note: Submit all comments
through the Federal eRulemaking portal
(*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-
D74, Atlanta, Georgia 30329; phone:
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; and
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.
5. Assess information collection costs.

Proposed Project

Identifying Information Needs and
Communication Channels for Reaching
At-Risk Populations During
Emergencies—New—Center for

Preparedness and Response (CPR),
Centers for Disease Control and
Prevention (CDC).

Background and Brief Description

Nearly one tenth of the United States
population over age five, or more than
25.9 million people, have limited
English proficiency (LEP). Persons with
LEP are disproportionately vulnerable to
negative health outcomes, particularly
in infectious disease emergencies.
Communicating with such persons
quickly and effectively in an emergency
is essential, as it can encourage them to
take protective personal actions like
hand-washing or vaccination. These
actions can protect persons with LEP
and their friends and family members
while reducing the spread and scale of
the outbreak.

Despite widespread recognition of
risks for persons with LEP in outbreaks
and the importance of effective
emergency risk communication, current
guidelines are insufficient. Further, the
empirical evidence to develop such
guidelines is extremely limited. There is
little understanding of persons with
LEP's communication needs in
emergencies, particularly from their
own perspective and in their own voice.
There is little data about preferences for
and trust in information sources,
communication channels, or formats—
particularly social media—nor data fully
describing barriers in accessing
information. There is also little
discussion of how the sociocultural
context or social determinants play a
role. Without evidence-based guidelines
that address such central issues, it can
be extremely challenging to create a
communication or behavior change
strategy, drive related programming, or
develop messages and materials. This is
especially true in the high-pressure
moments of infectious disease
emergencies, where time is limited, the
science is evolving, and organizations
have competing priorities.

This research effort will provide CDC
with information about the preferences,
needs, and challenges of persons with
LEP in accessing and understanding
health protection information during an
infectious disease emergency. The
findings will be used to develop
evidence-based emergency risk
communication recommendations for
CDC and state, local and territorial
public health agencies. The results will
be used to help ensure LEP-focused
communications are effective, prevent
delays, reduce inequities in health
outcomes, and help contain infectious
disease outbreaks that affect LEP
communities and the broader public.
The proposed study utilizes a rigorous

mixed methods design. It incorporates views of persons with LEP through a survey (via mail, online, telephone, or in-person, depending on respondent preference) and qualitative, in-depth interviews (IDIs) (via telephone). It also incorporates the views of persons who

will likely help persons with LEP navigate and understand health protection information during an infectious disease emergency: Family, physicians, and staff at community-based organizations and local public

health agencies. IDIs will be conducted with each group (via telephone).

CDC is requesting a two-year approval for this information collection. The total annualized burden hour estimate is 369 burden hours. There is no cost 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)	Total burden (in hours)
Persons with LEP	Persons with LEP—Survey	637	1	20/60	212
Persons with LEP	Persons with LEP—IDIs	44	1	1	44
Family members	Family members—IDIs	44	1	1	44
Physicians	Physicians—IDIs	33	1	1	33
CBO staff	CBO staff—IDIs	18	1	1	18
LPHA staff	LPHA staff—IDIs	18	1	1	18
Total					369

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[FR Doc. 2020-01050 Filed 1-22-20; 8:45 am]

BILLING CODE 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day-20-1156]

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 Performance Monitoring of “Working with Publicly Funded Health Centers to Reduce Teen Pregnancy among Youth from Vulnerable Populations” (OMB# 0920-1156, Exp. 01/31/2020) to the Office of Management and Budget (OMB) for review and approval. A revision is requested to reduce burden hours and extend data collection through the end of the funding period (09/30/2020). CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on September 5, 2019 to obtain comments from the public and affected agencies. CDC received three 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 or send an email to omb@cdc.gov. 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

Performance Monitoring of “Working with Publicly Funded Health Centers to

Reduce Teen Pregnancy among Youth from Vulnerable Populations”—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Although the 2017 U.S. rate of 18.8 births per 1,000 female teens aged 15–19 years represents a continued decline, the United States has one of the highest teen birth rates of all Western industrialized countries. Access to reproductive health services and the most effective types of contraception has been shown to reduce the likelihood that teens become pregnant. Nevertheless, recent research and lessons learned through a previous teen pregnancy prevention project implemented through CDC in partnership with the Office of Adolescent Health (2010–2015; OMB No. 0920-0952, Exp. 12/31/2015) demonstrate that many health centers serving teens do not engage in youth-friendly best practices that may enhance access to care and to the most effective types of contraception. Furthermore, youth at highest risk of experiencing a teen pregnancy are often not connected to the reproductive health care that they need, even when they are part of a population that is known to be at high risk for a teen pregnancy. Significant racial, ethnic and geographic disparities in teen birth rates persist and continue to be a focus of public health efforts.

To address these challenges, CDC has provided funding to three organizations to strengthen partnerships and processes that improve reproductive health services for teens. These awardees are working with 25 publicly